


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 305654 (6)

1. Corporation Name

HSB RELIABILITY TECHNOLOGIES CORPORATION

Principal Place of Business

Mailing Address

2000 E. EDGEWOOD DRIVE  
STE 800  
ALEXANDRIA VA 22311  
US

ONE STATE ST  
HARTFORD CT 06102  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1901 N. Beauregard ST	26 1901 N. Beauregard ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite # 600	27 Suite # 600
City & State	City & State
23 Alexadria VA	28 Alexandria, VA
Zip	Zip
24 22311	29 22311
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
06/01/1966	04/25/1996
4. FEI Number	Applied For
59-1153859	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SKIP	1.2 NAME	
STREET ADDRESS	ONE STATE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLIN, JAMES E	2.2 NAME	
STREET ADDRESS	1901 A BEAVREGARD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA RA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, WILLIAM	3.2 NAME	
STREET ADDRESS	ONE STATE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERSON, RAYMOND	4.2 NAME	
STREET ADDRESS	6442 W PKWY #400	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PETER	5.2 NAME	
STREET ADDRESS	ONE STATE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ROBERTA A	6.2 NAME	
STREET ADDRESS	ONE STATE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  9/17/97

CR2E034 (4/97)

<u>Name</u>	<u>Title</u>	<u>SS#</u>	<u>Address</u>
James E. Sutherlin	President	153-30-3412	2130 Bancroft Place, N.W. Washington, D.C. 20008
Raymond J. Oliverson	Sen. Vice Pres.	472-48-6122	13163 Nicholson Road Conroe, TX 77303
Paul M. Tubinis	Sen. Vice Pres.	107-44-4497	9485 Hickory Limb Columbia, MD 21045
Andrew P. Ginder	Sen. Vice Pres.	471-64-3963	1460 Waterfront Road Reston, VA 20194
James W. Davis	Vice President	418-58-7521	7117 Sylvan Glen Lane Fairfax Station, VA 22039
Phillip McGeever	Asst. Vice Pres.	163-38-3470	2828 Sheridan Drive Woodridge, IL 60517
Robert A. O'Brien	Sec. & Treas.	047-52-6288	8 Country Club Drive West Simsbury, CT 06092