

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 305654 (6)
1. Corporation Name
HSB RELIABILITY TECHNOLOGIES CORPORATION

Principal Place of Business
1901 N. BEAUREGARD ST.
SUITE #800
ALEXANDRIA VA 22311
US

Mailing Address
ONE STATE ST
HARTFORD CT 06102
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1153859	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		12
TITLE	D	1.1 TITLE	PLEASE SEE ATTACHED LISTING OF CURRENT DIRECTORS/OFFICERS	<input checked="" 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 BEAUREGARD 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	8442 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 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:  Roberta A. O'Brien

3/4/98 (860) 722-5324

CR2E034 (10/97)

HSB RELIABILITY TECHNOLOGIES CORPORATION
#13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

DIRECTOR/PRESIDENT
SUTHERLIN, JAMES E.
1901 N. Beavregard Street
Alexandria, VA 22311

DIRECTOR/TREASURER
BASCH, SAUL L.
One State Street
Hartford, CT 06102

DIRECTOR
KERR, WILLIAM A.
One State Street
Hartford, CT 06102

DIRECTOR
WALKER, ROBERT C.
One State Street
Hartford, CT 06102

SECRETARY
O'BRIEN, ROBERTA A.
One State Street
Hartford, CT 06102

SENIOR VICE PRESIDENT
OLIVERSON, RAYMOND J.
800 Rockmead Drive
3 Kingwood Place, Suite 180
Kingwood, TX 77339

SENIOR VICE PRESIDENT
GINDER, ANDREW P.
1901 N. Beauregard Street
Alexandria, VA 22311

SENIOR VICE PRESIDENT
DAVIS, JAMES W.
1901 N. Beauregard Street
Alexandria, VA 22311

ASSISTANT VICE PRESIDENT
MC GEEVER, PHILIP
800 Rockmead Drive
3 Kingwood Place, Suite 180
Kingwood, TX 77339

HSBRTcpt.cu