

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90193 030 ***150.00

DOCUMENT # 305654

1. Corporation Name

HSB RELIABILITY TECHNOLOGIES CORPORATION

Principal Place of Business

1901 N. BEAUREGARD ST.
SUITE #600
ALEXANDRIA VA 22311
US

Mailing Address

ONE STATE ST
HARTFORD CT 06102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1966

4. FEI Number

59-1153859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 IN 12

TITLE DT ☐ DELETE
NAME BASCH, SAUL L.
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT 06102

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
Please see attached for current
listing of Directors and Officers

TITLE DP ☐ DELETE
NAME SUTHERLIN, JAMES E
STREET ADDRESS 1901 A BEAUREGARD ST
CITY-ST-ZIP ALEXANDRIA RA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KERR, WILLIAM
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT 06012

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP ☐ DELETE
NAME OLIVERSON, RAYMOND
STREET ADDRESS 6442-W PKWY #400
CITY-ST-ZIP EDEN PRAIRIE MN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP ☐ DELETE
NAME WALKER, ROBERT C.
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT 06102

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST ☐ DELETE
NAME O'BRIEN, ROBERTA A
STREET ADDRESS ONE STATE ST
CITY-ST-ZIP HARTFORD CT

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Roberta A. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberta A. O'Brien

4/28/99

Date

(860) 722-5324

Daytime Phone #

CR2E034 (11/98)

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

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

535462-90193-30
305654

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

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