

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90010 043 ***150.00

DOCUMENT # 305654

1. Entity Name

HSB RELIABILITY TECHNOLOGIES CORPORATION

811658



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1901 N. BEAUREGARD ST.
 SUITE #600
 ALEXANDRIA VA 22311
 US**

Mailing Address
**ONE STATE ST
 HARTFORD CT 06102-8900
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-1153859**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	BASCH, SAUL L.	
STREET ADDRESS	ONE STATE ST	
CITY-ST-ZIP	HARTFORD CT 06102	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUTHERLIN, JAMES E	
STREET ADDRESS	1901 A BEAUREGARD ST	
CITY-ST-ZIP	ALEXANDRIA RA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, WILLIAM	
STREET ADDRESS	ONE STATE ST	
CITY-ST-ZIP	HARTFORD CT 06012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLIVERSON, RAYMOND	
STREET ADDRESS	6442 W PKWY #400	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT C.	
STREET ADDRESS	ONE STATE ST	
CITY-ST-ZIP	HARTFORD CT 06102	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROBERTA A	
STREET ADDRESS	ONE STATE ST	
CITY-ST-ZIP	HARTFORD CT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SEE ATTACHED LIST OF CURRENT DIRECTORS AND OFFICERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ROBERTA A. O'Brien** **2/7/00** **(860) 722-5324**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #