FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN -9 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 632115 (2)

1. Corporation Name
ALLISON PRECISION INDUSTRIES, INC.

Principal Place of Business	Mailing Address
7 EDNA CIRCLE N. BROOKFIELD MA	7 EDNA CIRCLE N. BROOKFIELD MA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1979
3a. Date of Last Report: 11/14/1994

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
County
24 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-2034283 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALMIERI, ALLISON W.
976 BAL HARBOR BOULEVARD
PUNTA GORDA FL 33950

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 Section 607.0501 and 607.1501, 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 of New Registered Agent (if changing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D ALLEN, MARION 7 EDNA CIRCLE N. BROOKFIELD MA 01535	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP ☐ Change ☐ Addition 900001510573 -06/12/95--01023--010 ****225.00 ****225.00
ST PALMIERI, ALLISON W. 976 BAL HARBOR BLVD. PUNTA GORDA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP ☐ Change ☐ Addition
	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP ☐ Change ☐ Addition
	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP ☐ Change ☐ Addition
	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/30/95
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING, OR OF AN OFFICER OR DIRECTOR — DATE — Daytime Phone

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