

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805453 (8)

1. Corporation Name
UNIDYNAMICS CORPORATION



Principal Place of Business 100 FIRST STAMFORD PL 4 FLOOR STAMFORD CT 06902 US	Mailing Address 100 FIRST STAMFORD PL 4 FLOOR STAMFORD CT 06902 US
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3. Date Incorporated or Qualified 01/05/1942	3a. Date of Last Report 05/01/1995
4. FEI Number 43-0562111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CDP <input type="checkbox"/> DELETE
NAME	EVANS, R. S.
STREET ADDRESS	100 1ST STAMFORD PL
CITY-ST-ZIP	STAMFORD CT
TITLE	VD <input type="checkbox"/> DELETE
NAME	SMITH, D S
STREET ADDRESS	100 1ST STAMFORD PL
CITY-ST-ZIP	STAMFORD CT
TITLE	V <input type="checkbox"/> DELETE
NAME	RAITHEL, MICHAEL L.
STREET ADDRESS	100 1ST STAMFORD PL
CITY-ST-ZIP	STAMFORD CT
TITLE	V <input type="checkbox"/> DELETE
NAME	MULLER, ROBERT JR.
STREET ADDRESS	100 1ST STAMFORD PL
CITY-ST-ZIP	STAMFORD CT
TITLE	AT <input type="checkbox"/> DELETE
NAME	HAGAN, H J
STREET ADDRESS	100 1ST STAMFORD PL
CITY-ST-ZIP	STAMFORD CT
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: H. J. Hagan H. J. Hagan Asst. Treasurer 4/22/96 (203) 363-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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UNIDYNAMICS CORPORATION
LIST OF OFFICERS

<u>NAME & TITLE</u>	<u>BUSINESS</u>	<u>RESIDENCE</u>
Robert S. Evans Chairman, President and Chief Executive Officer 171 36 4553	100 First Stamford Place Stamford, CT 06902	114 Glenwood Drive Greenwich, CT 06830
Augustus I. deuPont Executive Vice President, General Counsel and Secretary 221 32 8280	" " "	346 North Street Greenwich, CT 06830
David S. Smith Vice President and Chief Financial Officer 062 50 8158	" " "	15 Sunnyside Avenue Darien, CT 06820
Richard B. Phillips Vice President, Human Resources 047 34 8041	" " "	9 Hermit Lane Ridgefield, CT 06877
Michael L. Raithel Vice President and Controller 491 52 2049	" " "	154 Flint Ridge Rd. Monroe, CT 06468
Robert J. Muller, Jr. Rd. Executive Vice President 066 36 9191	" " "	52 Crosswicks Ridge Wilton, CT 06897
Gil A. Dickoff Treasurer 106 54 5291	" " "	6 Merritt Lane Westport, CT 06880
Thomas J. Ungerland Assistant Secretary and Associate General Counsel	" " "	25 Appletree Lane New Canaan, CT 06840
Henry J. Hagan Assistant Treasurer, Asst. Secretary, and Auditor 202 22 2380	" " "	20 New England Drive Stamford, CT 06903

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UNIDYNAMICS CORPORATION
BOARD OF DIRECTORS

BUSINESS

RESIDENCE

Robert S. Evans
171 36 4553

Crane Co.
100 First Stamford Place
Stamford, CT 06902

114 Glenwood Drive
Greenwich, CT 06830

Augustus I. duPont
221 32 8280

Crane Co.
100 First Stamford Place
Stamford, CT 06902

346 North Street
Greenwich, CT 06830

David S. Smith
062 50 8158

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Stamford, CT 06902

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Darien, CT 06820