

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816275

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: TRANS-LUX CORPORATION

**Current Principal Place of Business:**

110 RICHARDS AVENUE  
NORWALK, CT 06854

**New Principal Place of Business:**

**Current Mailing Address:**

110 RICHARDS AVENUE  
NORWALK, CT 06854

**New Mailing Address:**

FEI Number: 13-1394750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BRANDT, RICHARD,  
Address: 110 RICHARDS AVENUE  
City-St-Zip: NORWALK, CT

Title: D ( ) Delete  
Name: FIRSTENBERG, JEAN,  
Address: 2021 N WESTERN AVENUE  
City-St-Zip: LOS ANGELES, CA

Title: D ( ) Delete  
Name: LISS, VICTOR,  
Address: 110 RICHARDS AVE  
City-St-Zip: NORWALK, CONN 0,

Title: VTS ( ) Delete  
Name: TOPPI, ANGELA D.,  
Address: 110 RICHARD AVE  
City-St-Zip: NORWALK, CT

Title: AVP ( ) Delete  
Name: DUPEE, TODD  
Address: 110 RICHARDS AVE.  
City-St-Zip: NORWALK, CT 06854

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA D. TOPPI

Electronic Signature of Signing Officer or Director

EVP

01/20/2006

\_\_\_\_\_ Date