

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

0615003
AT

04-08-2003 90098 023 ***150.00

DOCUMENT # **816275**



1. Entity Name
TRANS-LUX CORPORATION

Principal Place of Business
**110 RICHARDS AVENUE
NORWALK CT 06854**

Mailing Address
**110 RICHARDS AVENUE
NORWALK CT 06854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1394750**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BRANDT, RICHARD	
STREET ADDRESS	110 RICHARDS AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIRSTENBERG, JEAN	
STREET ADDRESS	2021 N WESTERN AVENUE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISS, VICTOR	
STREET ADDRESS	110 RICHARDS AVE	
CITY-ST-ZIP	NORWALK, CONN 0	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	TOPPI, ANGELA D.	
STREET ADDRESS	110 RICHARD AVE	
CITY-ST-ZIP	NORWALK CT	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOSWORTH, ROBERT	
STREET ADDRESS	110 RICHARDS AVENUE	
CITY-ST-ZIP	NORWALK CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Dupee	
STREET ADDRESS	110 Richards Ave	
CITY-ST-ZIP	Norwalk CT 06854	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Todd Dupee** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03 **203 853 4321**
Date Daytime Phone #

CR2E034 (10/02)