

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90010 036 ***150.00

DOCUMENT # 819504

1. Corporation Name
FKI INDUSTRIES INC.

Principal Place of Business
**425 POST RD
FAIRFIELD CT 06430**

Mailing Address
**425 POST RD
FAIRFIELD CT 06430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

04/12/1966

4. FEI Number

06-0241470

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE
NAME **R.G. BEESTON**
STREET ADDRESS **WEST HOUSE, KING CROSS RD.**
CITY-ST-ZIP **HALIFAX W. YORKSHIRE EN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPS** ☐ DELETE
NAME **MILLER, ROBERT M.**
STREET ADDRESS **425 POST RD**
CITY-ST-ZIP **FAIRFIELD CT**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPF** ☐ DELETE
NAME **DAMPSY, DIANA M.**
STREET ADDRESS **425 POST ROAD**
CITY-ST-ZIP **FAIRFIELD CT**

3.1 TITLE **Vice President-Finance/Treasurer** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SOOK, ROBERT**
STREET ADDRESS **4601 SIX FORKS RD 1 SUITE 205**
CITY-ST-ZIP **RALEIGH NC**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **7610 Falls of Neuse Road, Suite 200**
4.4 CITY-ST-ZIP **Raleigh, NC 27615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Diana Dampsy

SIGNATURE REQUIRED

Diana M. Dampsy, V.P. Finance + Treasurer

3/5/99

(202) 207-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)