

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 819504

1. Entity Name
FKI INDUSTRIES INC.



Principal Place of Business
425 POST RD
FAIRFIELD, CT 06824

Mailing Address
425 POST RD
FAIRFIELD, CT 06824



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0241470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VPFT
NAME ZITNAY, ROBERT L
STREET ADDRESS 425 POST ROAD
CITY-ST-ZIP FAIRFIELD, CT 06430

TITLE PR
NAME HEIDEN, PAUL
STREET ADDRESS 86 FETTER LN
CITY-ST-ZIP LONDON, UJ ec4 1en

TITLE VP
NAME BAMFORD, NEIL
STREET ADDRESS 86 FETTER LANE
CITY-ST-ZIP LONDON, UK ec4 1en

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000539188
01/25/07-80016-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #