

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90407 027 \*\*\*150.00

**DOCUMENT # 819504**  
 1. Entity Name  
**FKI INDUSTRIES INC.**



Principal Place of Business      Mailing Address  
 425 POST RD                              425 POST RD  
 FAIRFIELD, CT 06824                      FAIRFIELD, CT 06824

**DO NOT WRITE IN THIS SPACE**

40001000



03142008    No Chg-P    CR2E034 (11/05)

4. FEI Number 06-0241470	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MILLER, ROBERT M. 425 POST RD FAIRFIELD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT ZITNAY, ROBERT L 425 POST ROAD FAIRFIELD, CT 06430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR HEIDEN, PAUL 86 FETTER LN LONDON, UJ ec4 1en
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAMFORD, NEIL 86 FETTER LANE LONDON, UK ec4 1en
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with 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:**  **Robert L. Zitnay VP & Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #