

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831652 (3)
1. Corporation Name
HUBBELL INCORPORATED (DELAWARE)



Principal Place of Business 3902 W. SAMPLE ST. P.O. BOX 4002 SOUTH BEND IN 46819 US	Mailing Address 3902 W. SAMPLE ST. P.O. BOX 4002 SOUTH BEND IN 46834-4002 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/17/1974	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 35-0617070	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	VDS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIES, R. W	1.2 NAME	
STREET ADDRESS	57 HESSEKY MEADOW RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY CT 06798	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIGGART, JAMES H	2.2 NAME	
STREET ADDRESS	1207 SIDE HILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT 06410	2.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	3.1 TITLE	Assistant Treasurer ☐ Change ☒ Addition
NAME	BRODY, D.J.	3.2 NAME	Wayne A. Cable
STREET ADDRESS	50867 HAVEN HILL DRIVE	3.3 STREET ADDRESS	45 Carmel Road
CITY-ST-ZIP	GRANGER IN 48530	3.4 CITY-ST-ZIP	Bethany, CT 06525
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRINKMAN, R. J	4.2 NAME	
STREET ADDRESS	3105 D REMINGTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MISHAWAKA IN 46545	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STROM, J.A.	5.2 NAME	
STREET ADDRESS	60766 CHELSEN COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN 46814	5.4 CITY-ST-ZIP	
TITLE	PC ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PLUFF, THOMAS H	6.2 NAME	
STREET ADDRESS	8 HIGH FIELDS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT	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.

SIGNATURE: _____

4/23/98 (203) 799-4291

CR2E034 (10/97)