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 22, 1999 8:00 am
Secretary of State
03-22-1999 90089 004 ***150.00

DOCUMENT # 831652

1. Corporation Name
HUBBELL INCORPORATED (DELAWARE)

Principal Place of Business	Mailing Address
3902 W. SAMPLE ST. P.O.BOX 4002 SOUTH BEND IN 46619 US	3902 W. SAMPLE ST. P.O.BOX 4002 SOUTH BEND IN 46634-4002 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/17/1974

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 584 Derby Milford Road
Suite, Apt. #, etc.
27
City & State
28 Orange, CT
Zip 29 06477 Country 30 New Haven

4. FEI Number: 35-0617070 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	AT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CABLE, WAYNE A		3.2 NAME	
STREET ADDRESS	45 CARMEL RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHANY CT 06525		3.4. CITY-ST-ZIP	
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 46614		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, with all other like empowered.

SIGNATURE: Wayne A. Cable 03/18/99 (203) 799-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)