

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2006 08:00 AM
Secretary of State**

DOCUMENT # 831652

1. Entity Name
HUBBELL INCORPORATED (DELAWARE)



Principal Place of Business
**3902 W. SAMPLE ST.
P.O. BOX 4002
SOUTH BEND, IN 46619 US**

Mailing Address
**584 DERBY MILFORD RD
ORANGE, CT 06477 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0617070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

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, 2006 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
**VDS
DAVIES, R. W
584 DERBY MILFORD RD
ORANGE, CT 06477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BIGGART, JAMES H
584 DERBY MILFORD RD
ORANGE, CT 06477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
CABLE, WAYNE A
584 DERBY MILFORD RD
ORANGE, CT 06477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MURPHY, W R
584 DERBY MILFORD RD
ORANGE, CT 06477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
POWERS, TIMOTHY H
584 DERBY MILFORD RD
ORANGE, CT 06477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000390291
01/23/06-80022-011 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne A. Cable **Wayne A. Cable, VP. & Asst. Treasurer 1/4/06 (203) 799-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #