

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **836305**

(3)

1. Corporation Name

STANLEY MAGIC-DOOR, INC.



Principal Place of Business

Mailing Address

RT. 6, AND HYDE ROAD
P O BOX 7000
FARMINGTON CT 06032
US

1000 STANLEY DRIVE
P O BOX 7000
NEW BRITAIN CT 06053
US

3. Date Incorporated or Qualified
05/06/1976

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 RT. 6 AND HYDE ROAD

26 1000 STANLEY DRIVE

4. FEI Number

06-0885638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

City & State

23 FARMINGTON, CT

28 NEW BRITAIN, CT

Zip

Country

Zip

Country

24 06032

25 US

29 06053

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the if applicable

(NOTE: Registered Agent signature is required when report due)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, R. A	
STREET ADDRESS	241 COLD SPRING ROAD	
CITY - ST - ZIP	AVON CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KORNBREKKE, HENNING N.	
STREET ADDRESS	RT. 6, CORNER HYDE RD.	
CITY - ST - ZIP	FARMINGTON CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEMBEN, B.J.	
STREET ADDRESS	147 VICTORIA ROAD	
CITY - ST - ZIP	NEW BRITAIN CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUCK, RICHARD	
STREET ADDRESS	10 BARKER LANE	
CITY - ST - ZIP	KENSINGTON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CALLAHAN, JOHN P.	
STREET ADDRESS	36 BRIDLEWOOD ROAD	
CITY - ST - ZIP	WINDSOR CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CONNOR, J.	
STREET ADDRESS	RT. 6, CORNER HYDE RD.	
CITY - ST - ZIP	FARMINGTON CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS N. JONES
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEPHEN S. WEDDLE
3.3 STREET ADDRESS	66 KIPP STREET
3.4 CITY - ST - ZIP	CHAPPAQUA, NY 10514
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MICHAEL A. BARTONE
5.3 STREET ADDRESS	338 SIR WALTER DRIVE
5.4 CITY - ST - ZIP	CHESHIRE, CT 06410
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. BARTONE, V.P., TAXES V 4/8/96 860-225-5111

CR2E034 (12/95)