SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840663** **(9)**

1. Corporation Name
FLETCHER-THOMPSON, INC.

Principal Place of Business	Mailing Address
TWO LAFAYETTE SQ. BRIDGEPORT CT 06604-0944	TWO LAFAYETTE SQ. BRIDGEPORT CT 06604-0944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1978**
3a. Date of Last Report: **01/10/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **06-0349730** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEARLMAN, CRAIG S
201 SOUTH ORANGE AVE.
STE 900 BARNETT PLAZA
ORLANDO FL 32801

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PHELAN, JOHN G	12 NAME	
STREET ADDRESS	350 FAIRFIELD AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CONN 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BEAUDIN, JAMES	22 NAME	
STREET ADDRESS	350 FARIFIELD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CONN 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SALIT, CHESTER A.	32 NAME	
STREET ADDRESS	350 FAIRFIELD AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CONN 00000	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	RUDDY, JOHN	42 NAME	
STREET ADDRESS	350 FAIRFIELD AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CONN 00000	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	MARCINEK, MICHAEL S	52 NAME	
STREET ADDRESS	350 FARIFIELD AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	54 CITY-ST-ZIP	
TITLE	V. Bruce W. Heyl	61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	
STREET ADDRESS	350 Fairfield Ave	63 STREET ADDRESS	
CITY-ST-ZIP	Bridgeport, CT	64 CITY-ST-ZIP	

V. David Mastinu Jr.
350 Fairfield Ave
Bridgeport, CT

CR2E034 (3/95)

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)(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 added in an attachment with an address.

SIGNATURE: _____ Michael S. Marcinek 7/21/95 203-366-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0170211 FN