FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841522** **(6)**

1. Corporation Name
LEEDS & NORTHRUP COMPANY

Principal Place of Business	Mailing Address
~~2 HIGHRIDGE PARK~~ ~~P.O. BOX 10224~~ ~~STAMFORD CT 06904~~	~~2 HIGHRIDGE PARK~~ ~~P.O. BOX 10224~~ ~~STAMFORD CT 06904~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/28/1978	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 1 High Ridge Park	26 1 High Ridge Park
Suite, Apt. #, etc. 22 P.O. Box 100010	Suite, Apt. #, etc. 27 P.O. Box 10010
City & State 23 Stamford CT	City & State 28 Stamford, CT
Zip / County 24 06904 / 25	Zip / County 29 06904 / 30

4. FEI Number: 23-0795860 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ 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	PCD	11 TITLE		☐ Change ☐ Addition
NAME	PARK, SAMUEL E.	12 NAME		
STREET ADDRESS	HIGH RIDGE PARK	13 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE		☐ Change ☐ Addition
NAME	KINGSLEY, THOMAS E.	22 NAME		
STREET ADDRESS	HIGH RIDGE PARK	23 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	N	☒ Change ☐ Addition
NAME	DIAMOND, R. A.	32 NAME	Taylor, Thomas B	
STREET ADDRESS	HIGH RIDGE PARK	33 STREET ADDRESS	High Ridge Park	
CITY-ST-ZIP	STAMFORD CT	34 CITY-ST-ZIP	Stamford, CT	
TITLE	V	41 TITLE	VP. Finance	☒ Change ☐ Addition
NAME	GLAIG, P.	42 NAME	Mahoney, Vincent J.	
STREET ADDRESS	HIGH RIDGE PARK	43 STREET ADDRESS	High Ridge Park	
CITY-ST-ZIP	STAMFORD CT	44 CITY-ST-ZIP	Stamford, CT	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BAGGETT, L. M.	52 NAME		
STREET ADDRESS	HIGH RIDGE PARK	53 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	N	☒ Change ☐ Addition
NAME	FISH, D.F.	62 NAME	Denmark, Anthony M	
STREET ADDRESS	HIGH RIDGE PARK	63 STREET ADDRESS	High Ridge Park	
CITY-ST-ZIP	STAMFORD CT	64 CITY-ST-ZIP	Stamford, CT	

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 on an attachment with an address.

SIGNATURE: _____ **T.E. KINGSLEY, JR.** 4-13-95 203 329-4100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL **ASSISTANT SECRETARY** Date Daytime Phone #

000080 CP