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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841522

LEEDS & NORTHRUP COMPANY

(6)

FILED Apr 18 1997 8:00am Secretary of State



Frincipal Flac	e ui business	Maning M.	ACI GSS						
1 HIGH RIDGE PARK P.O. BOX 10010 STAMFORD CT 06904 US		P.O. BOX 11	1 HIGH RIDGE PARK P.O. BOX 10010 STAMFORD CT 06904-2010						
		US				3. Date incorporated or Qualified 09/28/1978		. Date of Last Report)5/01/1996	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	1		pplied For
21		hn "	26			23-0795860			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #. etc.			E. Continue of Otal or Desired	\$8.75 Additional		
22		27	27			5. Certificate of Status Desired	Fee Required		
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		Countr	у	8. This corporation has liability for in	itangible tax	cunder s	s. 199.032.
24	25	29		[30]			Yos 🔲 I		
	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New Reg	istered Age	ent	
CT C	CORPORATION SYSTEM			8.	Name				
	S. PINE ISLAND ROAD			82 Street Addr		Address (P.O. Box Number is Not Acceptabl	e)		
PLAN	ITATION FL 33324		or direct race		Addition (1.6. box Hallisel to Not Nocopials	υ,			
				83	3				. •
				84	City	Annual model of Annual Att 11384 PP	FL ¹	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	im familiar with, and accept the obti	gations of, Sectio	n 607.0505, F	Iorida Statute	18	corporation submits this statement for the puporation's board of directors. I hereby accept accept the pupor the pup	Irpose of ch the appoin	anging i tment as	Its registered registered
	Signature typed or printed name of registered a		'e (NO	II : Registered A	gent signature	ADDITIONS/CHANGES TO OFFICE		IDECTO:	DC IN 19
12.	VPF	ND DIRECTORS	M DELETE	1.1 TILLE		President - CCO		Change	Addition
TATLE	GRANT, CHARLES L		y's bitti	1.2 NAME		Terence D. Martin	le	Ununge	
NAME	HIGH RIDGE PARK					Telator 13. Ithin			
STREET ADDRESS	STAMFORD CT				LADDRESS				
CITY-ST-ZIP	AS		DELETE	1.4 CITY-	S1-70P	Treasurer +, CFO		Change	Addition
TITLE	KINGSLEY, THOMAS E.		[.] Duri	2.1 TILLE		Terry mortime	L) Ollangs	
NAME	HIGH RIDGE PARK			2.2 NAME		lery marine			
STREET ADDRESS	STAMFORD CT				1 ADDRESS				
CITY-ST-ZIP	SIAMFORD CI		DC F16	2. 4 CHY	- ST - ZIF			Change	
TITLÉ	TAVIOD TUOMAS E		☐ DELETE	3.1 11111		Secretary Soone & Bober	<u> </u>	Loughge	E Addition
NAME	TAYLOR, THOMAS E			3.2 NAME		4041116 4 1000 44			
STREET ADDRESS	HIGH RIDGE PARK			1	T ADDRESS				
CITY-ST-ZIP	STAMFORD CT		F 2/	3.4. CITY	- \$1 - 7IP			1 06	
TITLE	VPM		DEFETE	411 1([L	Change	Addition
NAME	FADDEN, JANYCE B			4.2 NAM	E				
STREET ADDRESS	HIGH RIDGE PARK			4.3 S1RE	T ADDRESS	1			
CITY-ST-ZIP	STAMFORD CT			4.4 CITY-	\$1-7IP		-		
TITLE	VP		DELETE	5.1 101LE			L	Change	Addition
NAME	FERNS, EDWARD			5.2 NAMI					
STREET ADDRESS	HIGH RIDGE PARK			5.3 S1RF	T ADDRESS				
CITY-ST-2IP	STAMFORD CT			5.4 CITY-	\$1 - 7IP				<u> </u>
TITLE	V		DELETE	6.1 TITEF				Change	Addition
NAME	DENMARK, ANTHONY M		-	6.2 NAME					
STREET ADDRESS	HIGH RIDGE PARK				1 ADDRESS				
CITY OT 7ID	STAMFORD CT			64 0114					

14. I do hereby certify that the information supplied with this filling 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.

T.E. KINGSLEY, JR.

ASSISTANT SECRETARY