FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

STANLEY INTER-AMERICA DISTRIBUTION CENTER, INC.

DOCUMENT # 850599 (2)

Mailing Address
1000 STANLEY DR.
NEW BRITAIN CT 06053

Principal Place of Business
~~1000 STANLEY DR.~~
~~NEW BRITAIN CT 06053~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	2a. Principal Place of Business (26) 2101 N.W. 84th Avenue
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) Miami, FL
Zip (24) / Country (25)	Zip (29) 33122 / Country (30)

3. Date Incorporated or Qualified: 10/02/1981
3a. Date of Last Report: 05/01/1994

4. FEI Number: 06-1049362 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

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

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	V	11 TITLE 800001476458
12 NAME	CALLAHAN, JOHN P.	12 NAME -05/04/95--01129--001
13 STREET ADDRESS	56 BRIDLEWOOD ROAD	13 STREET ADDRESS ****200.00 ****200.00
14 CITY-ST-ZIP	SOUTH WINDSOR CT	14 CITY-ST-ZIP
21 TITLE	V/P/D	21 TITLE Secretary
22 NAME	WIDHAM, R.G.	22 NAME Thomas J. Williams
23 STREET ADDRESS	3 ROBERTS ROAD	23 STREET ADDRESS 1000 Stanley Drive
24 CITY-ST-ZIP	SIMSBURY CT	24 CITY-ST-ZIP New Britain, CT 06053
31 TITLE	D/P	31 TITLE President and Director
32 NAME	BAKKER, R	32 NAME Frank T. Copple
33 STREET ADDRESS	7810 S.W. 158TH TERRACE	33 STREET ADDRESS 2101 NW 84th Avenue
34 CITY-ST-ZIP	MIAMI, FL 0	34 CITY-ST-ZIP Miami, FL 33122
41 TITLE	D	41 TITLE Vice President, Director
42 NAME	AYERS, RICHARD H.	42 NAME Richard Huck
43 STREET ADDRESS	114 OLD MILL POND	43 STREET ADDRESS 10 Barker Lane
44 CITY-ST-ZIP	AVON, CT 0	44 CITY-ST-ZIP Kensington CT 06037
51 TITLE	S	51 TITLE
52 NAME	BEMBEN, BRENDA J.	52 NAME
53 STREET ADDRESS	147 VICTORIA RD.	53 STREET ADDRESS
54 CITY-ST-ZIP	NEW BRITAIN CT	54 CITY-ST-ZIP
61 TITLE	V	61 TITLE Director
62 NAME	HUNTER, R. ALAN	62 NAME R. Alan Hunter
63 STREET ADDRESS	24 SMALLWOOD ROAD	63 STREET ADDRESS 241 Cold Springs Rd
64 CITY-ST-ZIP	WEST HARTFORD CT	64 CITY-ST-ZIP Avon CT 06001

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Callahan, VP, Treas 4/27/95 (203) 225-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #