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PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 850599 (2)

1. Corporation Name

STANLEY INTER-AMERICA DISTRIBUTION CENTER, INC.



Principal Place of Business

2101 NW 84 AVE
MIAMI FL 33122
US

Mailing Address

1000 STANLEY DR.
NEW BRITAIN CT 06053

3. Date Incorporated or Qualified
10/02/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 title, if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	CALLAHAN, JOHN P.	56 BRIDLEWOOD ROAD	SOUTH WINDSOR CT	<input type="checkbox"/>
S	WILLIAMS, THOMAS J.	1000 STANLEY DR	NEW BRITAIN CT	<input type="checkbox"/>
PD	COPPLE, FRANK T	2102 NW 84 AVE	MIAMI FL	<input type="checkbox"/>
VPD	HUCK, RICHARD	10 BARKER LANE	KENSINGTON CT	<input type="checkbox"/>
S	BEMBEN, BRENDA J.	147 VICTORIA RD.	NEW BRITAIN CT	<input type="checkbox"/>
D	HUNTER, R ALAN	241 COLD SPRINGS RD	AVON CT	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
	MICHAEL A. BARTONE	338 SIR WALTER DRIVE	CHESHIRE, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	JENNIFER O. ESTABROOK	145 SOUTH STREET	LITCHFIELD, CT 06759	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	DAVID MUNN	2101 N.W. 84th AVE.	MIAMI, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	LINDA F. THERIEN	83 MAIN ST., APT. 8D.	NEWINGTON, CT 06111	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	STEPHEN S. WEDDLE	1000 STANLEY DRIVE	NEW BRITAIN, CT 06053	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	GREGORY RICCARDI	2101 N.W. 84th AVE.	MIAMI, FL 33122	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 VP, TAXES 4/8/96 860-225-5111

Daytime Phone #

CR2E034 (12/95)