FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **851293** **(1)**

1. Corporation Name
REMINGTON PRODUCTS, INC.

Principal Place of Business
60 MAIN STREET
BRIDGEPORT CT 06604-5706

Mailing Address
60 MAIN STREET
BRIDGEPORT CT 06604-5706

3. Date Incorporated or Qualified: 12/15/1981
3a. Date of Last Report: 04/24/1995
4. FEI Number: 06-0996054 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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 ______

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	LIPSON, ALLEN S.	
STREET ADDRESS	35 BROOKWOOD DRIVE	
CITY-ST-ZIP	WOODBRIDGE CT	
TITLE	S	☐ DELETE
NAME	EMIL, ARTHUR D.	
STREET ADDRESS	240 CENTRE ST, APT. 3N,	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	☐ DELETE
NAME	KIAM, VICTOR K	
STREET ADDRESS	119 WIRE MILL RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	☐ DELETE
NAME	KIAM III., VICTOR K.	
STREET ADDRESS	14 EAST 75TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	☐ Change ☒ Addition
1.2 NAME	ALEX NOVAK	
1.3 STREET ADDRESS	140 GREEN HILL ROAD	
1.4 CITY-ST-ZIP	MIDDLEBURY, CT. 06762	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Allen S. Lipson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLEN S. LIPSON

2/12/96 Date
(203) 367-4400 Daytime Phone #

CR2E034 (12/95)