FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1500 MERIDEN ROAD

WATERBURY CT 06705

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Zio



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854057

Mailing Address

1500 MERIDEN ROAD WATERBURY CT 06705-3910

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc.

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HAYDON SWITCH & INSTRUMENT, INC.

Country

9. Name and Address of Current Registered Agent

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110 N. MAGNOLIA ST.

TALLAHASSEE FL 32301

THE PRENTICE-HALL, CORP. SYSTEM I

	Mar 28 1 Secreta		
	Date Incorporated or Qualified 09/15/1982	3a. [04/	ate of Last Report 19/1996
4.	FEI Number 95-1542776		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
₿.	nis corporation has liability for intangible tax under s. 199.032,		

Yes X No

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

FILED

Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.05.02 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: Pyping or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 1.1 TOLE mur DUBOIS, BERNARD C. MAINE 1.2 NAME 1500 MERIDEN ROAD STREET ADDRESS 1.3 STREET ADDRESS WATERBURY CT 1.4 CITY - ST - ZIP CHY-ST-ZIP W Change Addition TITLE DELETE 2.1 TITLE CALDER, DONALD G. 2.2 NAME NAME 540 MADISON AVE 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY: ST 20 2. 4 CITY - ST- ZIP DELETE Secretary Change ___ Addition THLE 3.1 TITLE Goodman MARDEN, JOHN 3.2 NAME mce NAME 101 PARK AVENUE avenue Park 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 10178-0061 New York NY 34. CITY-ST-ZIP CHY-\$1-ZIP DELETE Change Addition 41 TITLE TITLE MECUM, DUDLEY C NAME 4. 2 NAME 540 MADISON AVE 4.3 STREET ADDRESS STREET ADDIRESS **NEW YORK NY** 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THEE 5.1 TITLE OHRSTROM, GEORGE 5.2 NAME 540 MADISON AVENUE 5.3 STREET ADDRESS STREET ADDRESS. NY NY 5.4 CITY-ST-ZIP CHY-S1-ZIF DELETE Change ★ Addition 6.1 TITLE TITLE Treasurer Joseph G Franco 6.2 NAME NAME Meriden Road 6.3 STREET ADDRESS 1500 STREET ADDRESS CITY-S1-7IF

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 express in Statute 12 or Placet. 13 in placet.

Country

81 Name

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SIGNATURE:

appears in Block 12 or Block 13 if channed

AB FRANCE II JOSeph G. Franco

or on an attachment with an address