FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # 854057** 1. Entity Name HAYDON SWITCH & INSTRUMENT, INC. 3-28-2001 90229 038 ***150.00 Principal Place of Business Mailing Address 1500 MERIDEN ROAD 1500 MERIDEN ROAD U U U U U U U WATERBURY CT 06705 WATERBURY CT 06705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-1542776 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL, CORP. SYSTEM I Street Address (P.O. Box Number is Not Acceptable) 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change TITLE DUBOIS, BERNARD C. NAME NAME 1500 MERIDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WATERBURY CT CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE CALDER, DONALD G. NAME NAME 540 MADISON AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-7IP CITY-ST-7IP __ - Addition TITLE -TITLE - Delete ~ GOODMAN, LAWRENCE NAME NAME STREET ADDRESS 101 PARK AVENUE STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE OHRSTROM, GEORGE NAME NAME 540 MADISON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NY NY ☐ Delete ☐ Change ☐ Addition TITLE TITLE FRANCO, JOSEPH G NAME NAME 1500 MERIDAN ROAD STREET ADDRESS STREET ADDRESS CITY - ST-ZIP WATERBURY CT CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if