

2007 FOR PROFIT CORPORATION ANNUAL REPORT


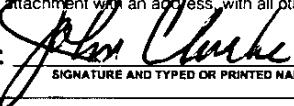
FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90018 050 ***150.00

40115951



04262007 Chg-P CR2E034 (12/06)

DOCUMENT # F00000000710					
1. Entity Name PASS & SEYMOUR, INC.					
Principal Place of Business 50 BOYD AVENUE SOLVAY, NY 13209			Mailing Address PO BOX 4822 ATTN: B HAYES-FINANCE SYRACUSE, NY 13221		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 15-0412360	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZIL, OLIVER 82 RUE ROBESPIERRE BOITE POSTALE 37 BAGNOLET CEDEX, FRANCE, 93171	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*See Attached List for Additional officer (Treasurer) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMBINO, MICHAEL 50 BOYD AVENUE SYRACUSE, NY 13209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, JOHN 50 BOYD AVE SYRACUSE, NY 13209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUUAN, ROBERT 60 WOODLAWN ST WEST HARTFORD, CT 06110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JULIAN, ROBERT 60 WOODLAWN ST West Hartford CT 06110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEPP, GILLES 128 AVE DU MARECHAL DEL LATTE DE TASSIGNY LIMOGES CEDEX FRANCE, 87045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLDORFF, JOHN 60 WOODLAWN STREET WEST HARTFORD, CT 06110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JOHN CLARKE 5/2/07 (315) 468-6211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40115451

Pass & Seymour, Inc.

File #F 00000000710

List of Officers and Directors

Directors:

<u>Name</u>	<u>Address</u>
Gilles Schnepf	128 Avenue du Maréchal de Lattre de Tassigny Limoges Cedex, France 87045
Oliver Bazil	82 Rue Robespierre Boite Postale 37 Bagnole Cedex, France 93171
Michael Gambino	50 Boyd Avenue Solvay, NY 13209
John Selldorff	60 Woodlawn Street West Hartford, CT 06110

Officers:

<u>Name</u>	<u>Address</u>	<u>Title</u>
Michael Gambino	50 Boyd Avenue Solvay, NY 13209	President
Robert Julian	60 Woodlawn Street West Hartford, CT 06110	Vice President
James LaPerriere	60 Woodlawn Street West Hartford, CT 06110	Treasurer
John Clarke	50 Boyd Avenue Solvay, NY 13209	Secretary