

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90037 004 ***150.00

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1. Entity Name

THE ALLEN MANUFACTURING COMPANY



Principal Place of Business

**125 POWDER FOREST DRIVE
SIMSBURY CT 06070**

Mailing Address

**6095 PARKLAND BLVD.
310
MAYFIELD HTS OH 44124**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

06-0711238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 RD.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **BUTLER, WILLIAM**
STREET ADDRESS **125 POWDER FOREST DRIVE**
CITY-ST-ZIP **SIMSBURY CT 06070**

TITLE **P** ☐ Change ☒ Addition
NAME **DON DOLES**
STREET ADDRESS **125 Powder Forest Drive**
CITY-ST-ZIP **SIMSBURY, CT 06070**

TITLE **VSD** ☐ Delete
NAME **MCAHON, CHRISTOPHER C**
STREET ADDRESS **2699 PENNSLYVIA AVE**
CITY-ST-ZIP **WASHINGTON DC 20037**

TITLE ☒ Change ☐ Addition
NAME **2099 PENNSYLVANIA AVE NW**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **DITKOFF, JAMES H**
STREET ADDRESS **2099 PENNSLYVIA AVE**
CITY-ST-ZIP **WASHINGTON DC 20037**

TITLE ☒ Change ☐ Addition
NAME **2099 PENNSYLVANIA AVE NW**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASAT** ☐ Delete
NAME **SCHWERTNER, CHARLES A**
STREET ADDRESS **6095 PARKLAND BLVD SUITE 310**
CITY-ST-ZIP **MAYFIELD HTS OH 44124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLENDER, PATRICK W**
STREET ADDRESS **2099 PENNSYLVANIA AVE**
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES SCHWERTNER

Date

Daytime Phone #

3/30/04

440 995-3011