
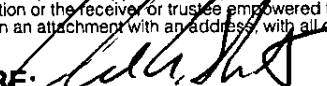


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90053 008 ***150.00

DOCUMENT # F00000004789					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-0711238	
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOLES, DON	NAME			
STREET ADDRESS	125 POWDER FOREST DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SIMSBURY, CT 06070	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCAHON, CHRISTOPHER C	NAME			
STREET ADDRESS	2099 PENNSYLVANIA AVE. NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20057 20006	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DITKOFF, JAMES H	NAME			
STREET ADDRESS	2099 PENNSYLVANIA AVE. NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20057 20006	CITY-ST-ZIP			
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWERTNER, CHARLES A	NAME			
STREET ADDRESS	6095 PARKLAND BLVD SUITE 310	STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD HTS, OH 44124	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLENDER, PATRICK W	NAME			
STREET ADDRESS	2099 PENNSYLVANIA AVE	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VICE President & Secretary		
STREET ADDRESS		STREET ADDRESS	JAMES F. O'REILLY		
CITY-ST-ZIP		CITY-ST-ZIP	2099 PENNSYLVANIA AVE. NW		
			WASHINGTON D.C. 20006		
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: 			CHARLES A. SCHWERTNER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			1/13/05		
			440 995 3011		
			Daytime Phone #		

40002043



01042005 Chg-P CR2E034 (10/03)