2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 15, 2004 08:00 AN **DOCUMENT # F03000001263** Secretary of State 1. Entity Name INDÚSTRIAL SAFETY & SUPPLY CO. INC. Principal Place of Business Mailing Address P.O. BOX 330720 175 NEWINGTON ROAD WEST HARTFORD, CT 06110 WEST HARTFORD, CT 06133-0720 ्रे के का कार्यक्रिक के अनुस्कृतिक का अनुस्कृतिक के अनुस्कृतिक के अनुस्कृति के का का मुस्कृति के का स्वास्थित स्वास्थित के सामित्रक के अनुस्कृतिक का सम्बद्धिक के सम्बद्धिक सम्बद्धिक की स्वास्थित के सम्बद्धिक स्वास्थित स 01062004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 06-0618453 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NULL, MONTY R DO NOT WRITE **5925 CARRIER STREET** ST. PETERSBURG, FL 33714 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remataling) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BONK, WILLIAM 175 NEWINGTON ROAD STREET ADDRESS U00000005018 01/15/04-8003\$-020 CXTY-SY-ZIP WEST HARTFORD, CT 06110 TITLE BONK, JAMES NAME 175 NEWINGTON ROAD STREET ADDRESS CITY-ST-ZIP WEST HARTFORD, CT 06110 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS and the antibodies of the control of CITY-ST-ZIP TITLE KAME and the second s STREET ADDRESS The second control of the second control of

12. Thereby certify that the information supplied with this filling dees not spall to 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 shrinture shall have the same legal effect as if made under oath; that I am an officer or director of the corporation entire receiver or trustee empowhed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like expowered.

SIGNATURE

WILLIAM BONK

CITY-ST-ZIP ππε NAME STREET ADDRESS CITY+ST-ZIP