2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 13, 2006
Secretary of State

DOCUMENT# F05000007024

Entity Name: ORTRONICS, INC.

Current Principal Place of Business:

60 WOODLAWN STREET
WEST HARTFORD, CT 06110

New Principal Place of Business:

125 EUGENE O'NEILL
NEW LONDON, CT 06320

Current Mailing Address:

60 WOODLAWN STREET
WEST HARTFORD, CT 06110

New Mailing Address:

FEI Number: 06-0807305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: SALVINA AMENTA-GRAY

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PANICO, MARK
Address: 125 EUGENE O'NEILL DRIVE
City-St-Zip: NEW LONDON, CT

Title: V ( ) Delete
Name: JULIAN, ROBERT
Address: 60 WOODLAWN STREET
City-St-Zip: WEST HARTFORD, CT 06110

Title: S ( ) Delete
Name: WOLF, STACIE
Address: 125 EUGENE O'NEILL DRIVE
City-St-Zip: NEW LONDON, CT

Title: T (X) Delete
Name: BIELFELD, DOUGLAS
Address: 60 WOODLAWN STREET
City-St-Zip: WEST HARTFORD, CT 06110

Title: CD ( ) Delete
Name: SELLDORFF, JOHN
Address: 60 WOODLAWN STREET
City-St-Zip: WEST HARTFORD, CT 06110

Title: D ( ) Delete
Name: SOUDAN, PATRICE
Address: LIMOGES
City-St-Zip: FRANCE, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLF, STACIE S 11/13/2006

Electronic Signature of Signing Officer or Director Date