

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90220 034 ***150.00

DOCUMENT # F93000001220

1. Corporation Name

TILCON CONNECTICUT INC.

Principal Place of Business

909 FOXON ROAD
NORTH BRANFORD CT 06471

Mailing Address

909 FOXON ROAD
NORTH BRANFORD CT 06471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

06-1035087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME / ABATE, JOSEPH A.
STREET ADDRESS 909 FOXON ROAD
CITY-ST-ZIP NORTH BRANFORD CT 06471

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Carmine J. Abate

☒ Change ☐ Addition

TITLE ~~VP~~ ☐ DELETE
NAME ABATE, CARMINE J.
STREET ADDRESS 909 FOXON ROAD
CITY-ST-ZIP NORTH BRANFORD CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Vice President
Joseph A. Abate

☒ Change ☐ Addition

TITLE VP ☐ DELETE
NAME RYAN, JAMES F
STREET ADDRESS 909 FOXON RD
CITY-ST-ZIP NORTH BRANFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Senior V.P.CFO

☒ Change ☐ Addition

TITLE STD ☐ DELETE
NAME MC LAUGHLIN, JAMES G.
STREET ADDRESS 909 FOXON ROAD
CITY-ST-ZIP NORTH BRANFORD CT

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V.P.Sales
Michael Carbone
Black Rock Avenue
New Britain, CT 06052

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V.P. Asphalt/Paving/Tra
Ranald P. Jones
Black Rock Avenue
New Britain, CT 06052

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

James G. McLaughlin, As Secretary/Treasurer of Tilcon Connecticut Inc

SIGNATURE:

SIGNATURE REQUIRED

4/16/99 (203) 484-2881

Date

Daytime Phone #

CR2EN34 (11/98)