

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90214 040 ***150.00

DOCUMENT # F93000005647

1. Corporation Name

HOWMET SALES AND SERVICES, INC.

Principal Place of Business

475 STEAMBOAT ROAD
GREENWICH CT 06836

Mailing Address

475 STEAMBOAT ROAD
GREENWICH CT 06836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1993

4. FEI Number

06-1153071

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

C T CORPORATION SYSTEM
1200 SOUTH 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 SQUIER, DAVID L
STREET ADDRESS 56 LAUREL ROAD
CITY-ST-ZIP NEW CANAAN CT 06840

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

TITLE VP ☐ DELETE
NAME RITTER, JOHN C
STREET ADDRESS 190 BEAGLING HILL CIR
CITY-ST-ZIP FAIRFIELD CT

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

TITLE DVS ☐ DELETE
NAME PAUL, ROLAND A
STREET ADDRESS 8 ELLERY LANE
CITY-ST-ZIP WESTPORT CT 06880

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

TITLE T ☒ DELETE
NAME JANKOWSKI, JEFFREY
STREET ADDRESS 29 SHINDAGEN HILL ROAD
CITY-ST-ZIP CARMEL NY 10512

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TAS**
4.3 STREET ADDRESS **NICHOLAS IVANOW**
4.4 CITY-ST-ZIP **418 WEST 300 SOUTH #2101**
SALT LAKE CITY, UT 84101

TITLE AS ☐ DELETE
NAME BOAK, JEFFREY L
STREET ADDRESS 7 ELLIOT LN
CITY-ST-ZIP WESTPORT CT

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

TITLE ATAS ☐ DELETE
NAME GWYDIR, RAYMOND J
STREET ADDRESS 319 LINDEN ST
CITY-ST-ZIP BELLMORE NY

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

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 indicates 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 11 or Block 13 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

Date

Daytime Phone #

RAYMOND J. GWYDIR - ASSISTANT TREASURER

4/8/99

(203) 625-8802

CR2E034 (11/98)