

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG 27 PM 3:38

DOCUMENT # F94000002297 (9)

1. Corporation Name

FARGO MFG. COMPANY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

130 SALT POINT RD.  
P.O. BOX 2800  
POUGHKEEPSI NY 12603-9943  
US

Mailing Address

130 SALT POINT RD.  
P.O. BOX 2800  
POUGHKEEPSI NY 12603-9943  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

06/20/1996

4. FEI Number

14-1279849

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Doyle Street  
83 FARGO MFG. COMPANY  
84 TALLAHASSEE  
08/28/97-01124-014  
\*\*\*\*550. QPL \*\*\*\*550. QPL

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

Dolores Burton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Dolores Burton, asst sect 8/18/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME VTD  
STREET ADDRESS GALLAGHER, SUSAN  
CITY-ST-ZIP 130 SALT POINT RD  
POUGHKEEPSI NY 12603

TITLE ☒ DELETE

NAME PD  
STREET ADDRESS RAIBLE, RICHARD C  
CITY-ST-ZIP 130 SALT POINT RD  
POUGHKEEPSI NY 12603

TITLE ☒ DELETE

NAME D  
STREET ADDRESS CONKLIN, JOHN  
CITY-ST-ZIP 130 SALT POINT RD.  
POUGHKEEPSIE NY 12603

TITLE ☒ DELETE

NAME D  
STREET ADDRESS SCHMIDT, C B  
CITY-ST-ZIP 130 SALT POINT RD.  
POUGHKEEPSIE NY

TITLE ☒ DELETE

NAME V  
STREET ADDRESS MYERS, JACK F  
CITY-ST-ZIP 130 SALT POINT RD.  
POUGHKEEPSIE NY

TITLE ☒ DELETE

NAME S  
STREET ADDRESS BRIGGS, KERYL  
CITY-ST-ZIP 130 SALT POINT RD.  
POUGHKEEPSIE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☒ Addition

1.2 NAME Vincent R. Petrecca  
1.3 STREET ADDRESS 1555 Fence Row Drive  
1.4 CITY-ST-ZIP Fairfield, CT 06430

2.1 TITLE Vice President/Secretary ☒ Change ☒ Addition

2.2 NAME Richard W. Davies  
2.3 STREET ADDRESS 57 Hesseky meadow Rd  
2.4 CITY-ST-ZIP Woodbury CT 06798

3.1 TITLE Vice President/Treasurer ☒ Change ☒ Addition

3.2 NAME James H. Biggert  
3.3 STREET ADDRESS 1207 Side Hill Drive  
3.4 CITY-ST-ZIP CHeshire, CT 06410

4.1 TITLE Assistant Treasurer ☒ Change ☒ Addition

4.2 NAME Wayne A. Cable  
4.3 STREET ADDRESS 45 Carmel Rd.  
4.4 CITY-ST-ZIP Bethany CT 06525

5.1 TITLE Group Vice President ☒ Change ☒ Addition

5.2 NAME Sherman J. Andrews  
5.3 STREET ADDRESS 2813 Butternut Court  
5.4 CITY-ST-ZIP Columbia, MO 65201

6.1 TITLE VP/Operations ☒ Change ☒ Addition

6.2 NAME Gary A. Stumbaugh  
6.3 STREET ADDRESS 5308 West Taysides Circle  
6.4 CITY-ST-ZIP Columbia, MO 65201

14. I do 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 in an attachment with an address.

SIGNATURE:

W A Cable W A Cable Assistant Treasurer 8/13/97(203)799-4277

CR2E034 (4/97)