

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**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90089 005 \*\*\*150.00

**DOCUMENT # F94000002297**

1. Corporation Name

FARGO MFG. COMPANY, INC.

Principal Place of Business

130 SALT POINT RD.  
P.O. BOX 2900  
POUGHKEEPS NY 12603-9943  
US

Mailing Address

584 DERBY MILFORD RD  
ORANGE CT 06477  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE  
NAME ROWELL, HARRY B.  
STREET ADDRESS 535 STONEHOUSE RD  
CITY-ST-ZIP TRUMBULL CT 06611

TITLE VPS ☐ DELETE  
NAME DAVIES, RICHARD W  
STREET ADDRESS 57 HESSEKY MEADOW RD  
CITY-ST-ZIP WOODBURY CT 06798

TITLE VPT ☐ DELETE  
NAME BIGGART, JAMES H  
STREET ADDRESS 1207 SIDE HILL DRIVE  
CITY-ST-ZIP CHESHIRE CT 06410

TITLE AT ☐ DELETE  
NAME CABLE, WAYNE A  
STREET ADDRESS 45 CARMEL RD  
CITY-ST-ZIP BETHANY CT 06525

TITLE GVP ☐ DELETE  
NAME ANDREWS, SHERMAN J  
STREET ADDRESS 2813 BUTTERNUT COURT  
CITY-ST-ZIP COLUMBIA MO 65201

TITLE VPO ☐ DELETE  
NAME STUMBAUGH, GARY A  
STREET ADDRESS 5305 WEST TAYSIDE CIRCLE  
CITY-ST-ZIP COLUMBIA MO 65201

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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 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.

SIGNATURE: *Wayne A. Cable* **SIGNATURE REQUIRED** Wayne A. Cable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/99 (203) 799-4100

Date

Daytime Phone #

CR2E034 (11/98)