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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90112 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003462**

1. Corporation Name  
**LYDALL EASTERN, INC.**

Principal Place of Business <b>ONE COLONIAL RD MANCHESTER CT 06045-0151</b>	Mailing Address <b>PO BOX 151 MANCHESTER CT 06045-0151</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1994**

4. FEI Number

**06-0299810**

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.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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	CP	<input checked="" type="checkbox"/> DELETE
NAME	JASKOL, LEONARD R	
STREET ADDRESS	1 COLONIAL RD	
CITY-ST-ZIP	MANCHESTER CT 06045-0151	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUTENAS, CAROLE F	
STREET ADDRESS	1 COLONIAL RD	
CITY-ST-ZIP	MANCHESTER CT 06045-0151	

TITLE	VT	<input type="checkbox"/> DELETE
NAME	HANLEY, JOHN E	
STREET ADDRESS	1 COLONIAL RD	
CITY-ST-ZIP	MANCHESTER CT 06045-0151	

TITLE	GCS	<input type="checkbox"/> DELETE
NAME	MARY ADAMOWICZ TREMBLAY	
STREET ADDRESS	1 COLONIAL RD	
CITY-ST-ZIP	MANCHESTER CT	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, GEOFFREY W	
STREET ADDRESS	3030 PARK AVE	
CITY-ST-ZIP	BRIDGEPORT CT 06604	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christopher R. Skomorowski	
1.3 STREET ADDRESS	1 Colonial Road P.O. Box 151	
1.4 CITY-ST-ZIP	Manchester, CT 06045-0151	

2.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James P. Carolan	
2.3 STREET ADDRESS	Chestnut Hill Road	
2.4 CITY-ST-ZIP	Rochester, NH 03866-1960	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99  
Date

(860) 646-1233  
Daytime Phone #

CR2E034 (11/98)