

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005175

1. Entity Name
KIDDE FIRE TRAINERS, INC.



FILED

06 JUL 26 AM 11:50

Principal Place of Business
4 MOUNT ROYAL AVE., STE. 350
MARLBOROUGH, MA 01752

Mailing Address
4 MOUNT ROYAL AVENUE
SUITE 350
MARLBOROUGH, MA 01752 US

2. Principal Place of Business
17 Philips Parkway
Suite, Apt. #, etc.

3. Mailing Address
9 Farm Springs Road
Suite, Apt. #, etc.



07172006 Chg-P CR2E034 (11/05) 08

City & State
Montvale, NJ

City & State
Farmington, CT

4. FEI Number
22-2894089

Applied For
Not Applicable

Zip
07645 Country
USA

Zip
06032 Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 600078284496
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 08/02/06--01064--004 ***550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSA, ANNE 17-01 POLLITT DRIVE FAIR LAWN, NJ 07410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNIN, ROBERT D 17-01 POLLITT DRIVE FAIR LAWN, NJ 07410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANNON, JOHN F 4 MOUNT ROYAL AVENUE SUITE 350 MARLBOROUGH, MA 01752 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARLE, RICHARD H 400 MAIN ST. ASHLAND, MA 01721 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director A. Rudy Leon, Jr. 17 Philips Parkway Montvale, NJ 07645 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17 Philips Parkway Montvale, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Diane Andrews 9 Farm Springs Road Farmington, CT 06032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Sullivan 400 Main Street Ashland, MA 01721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brian Lindroth 9 Farm Springs Road Farmington, CT 06032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Andrews Diane Andrews 7-19-06 (860) 284-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #