2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # **F95000002250** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** C & C HYDRAULICS, INC. 03-20-2000 90020 023 ***150.00 Mailing Address Principal Place of Business WOLCOTT ROAD WOLCOTT ROAD TERRYVILLE CT_06786 TERRYVILLE CT 06786; Principal Place of Business 3. Mailing Address WOLCOTT WOLCOTT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 06-0963658 ERRYVILLE ERRYVILLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRONIN, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 17570 WEEPING WILLOW TRAIL **BOCA RATON FL 33487** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PS ☐ Delete TITLE ☐ Addition TITLE CRONIN, ANNIE I 17570 WEEPING WILLOW TRAIL NAME CRONIN, ANNIE I NAME STREET ADDRESS STREET ADDRESS RT #1 SUNSET ROAD CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP PLYMOUTH CT 06782 Change ☐ Addition ☐ Delete TITLE TITLE CRONIN, CHARLES JR NAME CROPIN, CHARLES NAME 534 THREEMILE HILL STREET ADDRESS STREET ADDRESS 534 THREE MILE HILL RD ROAD CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURY CT 06762 ☐ Addition TITLE TITLE" Delete CHARLES SR. NAME CRONIN , CHARLES SR. 17570 WEEPING WILLOW TRAIL NAME CRONIN. CHARLES E SR 5 STREET ADDRESS STREET ADDRESS 17570 WEEPING WILLOW TRAIL CITY-ST-ZIP 33487 CITY-ST-ZIP **BOCA RATON FL 33487 Addition** ☐ Change ☐ Delete TITLE TITLE NAME Bouffard. Tammy a NAME STREET ADDRESS STREET ADDRESS BY LITCHFIELD ST. CITY-ST-ZIP CITY-ST-ZIP THOMASTON, CT 06787 Addition Change ☐ Delete TITLE CRONIN, JOSEPH NAME NAME STREET ADDRESS 48 WILDWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAUGATUCK, CT ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.