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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90093 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002947

1. Corporation Name
ANDOVER CONTROLS CORPORATION

Principal Place of Business
**300 BRICKSTONE SQUARE
ANDOVER MA 01810**

Mailing Address
**300 BRICKSTONE SQUARE
ANDOVER MA 01810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

06-1274463

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

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LAPOINTE, WILLIAM J	
STREET ADDRESS	300 BRICKSTONE SQUARE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIEL, CURTIS B	
STREET ADDRESS	300 BRICKSTONE SQUARE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, ROBERT G	
STREET ADDRESS	300 BRICKSTONE SQUARE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRASINSKI, LEONARD R	
STREET ADDRESS	300 BRICKSTONE SQUARE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, WILLIAM R	
STREET ADDRESS	300 BRICKSTONE SQUARE	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President
3.3 STREET ADDRESS	Charles Manahan
3.4 CITY-ST-ZIP	26 Muriel Road Chelmsford, MA 01886
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Patricia Sanders
4.4 CITY-ST-ZIP	7 Serenity Lane Andover, MA 01810
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Peter Zinkin
5.4 CITY-ST-ZIP	Devonshire House, Mayfair Place London, UK W1X 5FH
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:

William J. Lapointe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

978-470-0655 x144

Daytime Phone #

CR2E034 (11/98)