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May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003191 (2)**

1. Corporation Name
FIBEROPTICS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
ONE FIBER ROAD POMFRET CT 06258	ONE FIBER ROAD POMFRET CT 06258

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report: 06/24/1996

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

4. FEI Number: 06-0965547 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAINES, DONNA
900 INDUSTRIAL BLVD.
NAPLES FL 33942

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DOWLING, ROBERT F JR		1.2 NAME	ELAINE R. KNOWLTON	
STREET ADDRESS	12666 GLEN HOLLOW DRIVE		1.3 STREET ADDRESS	ONE FIBER ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	POMFRET, CT 06258	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOWLING, JOAN E		2.2 NAME		
STREET ADDRESS	12666 GLEN HOLLOW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNOWLTON, KEITH L		3.2 NAME		
STREET ADDRESS	ONE FIBER ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMFRET CT 06258		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRISWOLD, RICHARD J		4.2 NAME		
STREET ADDRESS	ONE FIBER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMFRET CT 06258		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOOS, JOAN T		5.2 NAME		
STREET ADDRESS	2375 LANTERN LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOOS, AUGUST W		6.2 NAME		
STREET ADDRESS	2375 LANTERN LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 any address.

SIGNATURE: Keith L. Knowlton KEITH L. KNOWLTON DIRECTOR 5/8/97 860-928-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0511900