

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90058 028 ***150.00

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DOCUMENT # F95000003191					
1. Entity Name FIBEROPTICS TECHNOLOGY, INC.					
Principal Place of Business ONE FIBER ROAD POMFRET, CT 06258			Mailing Address P.O. BOX 286 POMFRET, CT 06258		
2. Principal Place of Business 1 Quassett Road			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-0965547	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOWLING, ROBERT F 4000 DOMESTIC AVE. NAPLES, FL 33942			7. Name and Address of New Registered Agent Name Dowling, Joahn E. Street Address (P.O. Box Number is Not Acceptable) 4000 Domestic Avenue City Naples FL Zip Code 34104		
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 <u>Joahn E. Dowling</u> DATE 4-5-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWLING, ROBERT F JR 406 ROSEMEADE LANE NAPLES, FL 34105 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Keith L. Knowlton PO Box 286, 1 Quassett Road Pomfret, Ct 06258 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, JOAHN E 406 ROSEMEADE LANE NAPLES, FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, ELAINE ONE FIBER ROAD, P.O. BOX 286 POMFRET, CT 06258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRISWOLD, RICHARD J ONE FIBER ROAD POMFRET, CT 06258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOS, JOAN T 3111 GREEN DOLPHIN LANE NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOS, AUGUST W 3111 GREEN DOLPHIN LANE NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Keith L. Knowlton</u>			4-5-05 860-928-0443		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		