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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003271 (2)

1. Corporation Name

CARADON AMERICA INC.



Principal Place of Business

33 RIVERSIDE AVE.  
WESTPORT CT 06880-4279

Mailing Address

33 RIVERSIDE AVE.  
WESTPORT CT 06880-4279

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.  
1406 HAYS STREET, STE #2  
TALLAHASSEE FL 32301

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 PD ☒ DELETE

NAME ~~WALKER, TIMOTHY~~  
STREET ADDRESS ~~33 RIVERSIDE AVE.~~  
CITY-ST-ZIP ~~WESTPORT CT~~

TITLE VSD ☐ DELETE

NAME BARBERI, ROBERT O  
STREET ADDRESS 33 RIVERSIDE AVE.  
CITY-ST-ZIP WESTPORT CT

TITLE VAS ☐ DELETE

NAME LECKIE, ROBERT B  
STREET ADDRESS 33 RIVERSIDE AVE.  
CITY-ST-ZIP WESTPORT CT

TITLE D ☐ DELETE

NAME SIMMONS, PAT M  
STREET ADDRESS 33 RIVERSIDE AVE.  
CITY-ST-ZIP WESTPORT CT

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

President

12 NAME

Peter J. Hewett

13 STREET ADDRESS

33 Riverside Avenue

14 CITY-ST-ZIP

Westport, CT 06880-4279

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert B. Leckie, V.P. & Ass't Sec'y 2/5/96 (203) 341-3019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)