

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004353 (7)

1. Corporation Name

WESTCOTT & MAPES, INC.



Principal Place of Business

142 TEMPLE ST
NEW HAVEN CT 06510

Mailing Address

142 TEMPLE ST
NEW HAVEN CT 06510

3. Date Incorporated or Qualified

09/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

06-0586160

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 date of appointment

Signature typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BONMATI, REYNALD G
PREMIUM POINT
NEW ROCHELLE NY 10801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MACALUSO, RAYMOND A
46 MAPLE ST
MILFORD CT 06460

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VT
BUCKMAN, JOHN W
14 HIGHLAND AVE
NEW HAVEN CT 06510

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
BURGIO, JOSEPH P.E.
130 EAGLE DR
NEWINGTON CT 06111

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Macaluso

4/08/96

(203) 789-1260

CS 4/11/96

CR2E034 (12/95)

OFFICERS AND DIRECTORS (Continued)

12.		13.	
TITLE	<input type="checkbox"/> DELETE	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Chris M. Marseglia, P.E.
STREET ADDRESS		STREET ADDRESS	58 Orchard Hill Road
CITY-ST-ZIP		CITY-ST-ZIP	Branford, CT 06405