

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004775 (1)

1. Corporation Name

STANLEY HOME AUTOMATION, INC.



Principal Place of Business

Mailing Address

% THE STANLEY WORKS
1000 STANLEY DR
NEW BRITAIN CT 06053

% THE STANLEY WORKS
1000 STANLEY DR
NEW BRITAIN CT 06053

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

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUNTER, R. ALAN	
STREET ADDRESS	1000 STANLEY DR	
CITY - ST - ZIP	NEW BRITAIN CT 06053	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUCK, RICHARD	
STREET ADDRESS	1000 STANLEY DR	
CITY - ST - ZIP	NEW BRITAIN CT 06053	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANDURAND, RICHARD A	
STREET ADDRESS	1225 E. MAPLE RD	
CITY - ST - ZIP	TROY MI 48083-5600	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JACK	
STREET ADDRESS	1225 E. MAPLE RD	
CITY - ST - ZIP	TROY MI 48083-5600	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, MARK	
STREET ADDRESS	1225 E. MAPLE RD	
CITY - ST - ZIP	TROY MI 48083-5600	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS L	
STREET ADDRESS	1225 E. MAPLE RD	
CITY - ST - ZIP	TROY MI 48083-5600	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL A. BARTONE	
1.3 STREET ADDRESS	1000 STANLEY DRIVE	
1.4 CITY - ST - ZIP	NEW BRITAIN, CT 06053	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHENS, WEDDLE	
2.3 STREET ADDRESS	1000 STANLEY DRIVE	
2.4 CITY - ST - ZIP	NEW BRITAIN, CT 06053	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRAIG A. DOUGLAS	
3.3 STREET ADDRESS	1000 STANLEY DRIVE	
3.4 CITY - ST - ZIP	NEW BRITAIN, CT 06053	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: *[Signature]* MICHAEL A. BARTONE, VP, TAXES

4/8/96

860-225-5111
Daytime Phone #

CR2E034 (12/95)