

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004775 (1)

1. Corporation Name
STANLEY HOME AUTOMATION, INC.



Principal Place of Business % THE STANLEY WORKS 1000 STANLEY DR NEW BRITAIN CT 06053	Mailing Address % THE STANLEY WORKS 1000 STANLEY DR NEW BRITAIN CT 06053-1675
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3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 04/22/1996
4. FEI Number 06-1185602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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	VD HUNTER, R. ALAN 1000 STANLEY DR NEW BRITAIN CT 06053	<input type="checkbox"/> DELETE	1.1 TITLE V MICHAEL A. BARTONE 1000 STANLEY DR. NEW BRITAIN, CT 06053
TITLE	VD HUCK, RICHARD 1000 STANLEY DR NEW BRITAIN CT 06053	<input type="checkbox"/> DELETE	2.1 TITLE S STEPHEN S. WEDDIE 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
TITLE	PD DANDURAND, RICHARD A 1225 E. MAPLE RD TROY MI 48083-5600	<input type="checkbox"/> DELETE	3.1 TITLE T CRAIG A. DOUGLAS 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
TITLE	V SMITH, JACK 1225 E. MAPLE RD TROY MI 48083-5600	<input type="checkbox"/> DELETE	4.1 TITLE
TITLE	V GOLDSTEIN, MARK 1225 E. MAPLE RD TROY MI 48083-5600	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
TITLE	V WILLIAMS, THOMAS L 1225 E. MAPLE RD TROY MI 48083-5600	<input checked="" type="checkbox"/> DELETE	6.1 TITLE

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address.

SIGNATURE:  **MICHAEL A. BARTONE V.P., TAXES** *4/16/97* 860-225-5111
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)