

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1995	
21	26	4. FEI Number 06-1185602		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, R. ALAN		1.2 NAME	RAYMOND J. MARTINO	
STREET ADDRESS	1000 STANLEY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT 06053		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCK, RICHARD		2.2 NAME	THERESA F. YERKES	
STREET ADDRESS	1000 STANLEY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT 06053		2.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDURAND, RICHARD A		3.2 NAME	JENNIFER O. ESTABROOK	
STREET ADDRESS	1225 E. MAPLE RD		3.3 STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	TROY MI 48083-5800		3.4 CITY-ST-ZIP	NEW BRITAIN, CT 06053	
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JACK		4.2 NAME	CRAIG A. DOUGLAS	
STREET ADDRESS	1225 E. MAPLE RD		4.3 STREET ADDRESS	1000 STANLEY DRIVE	
CITY-ST-ZIP	TROY MI 48083-5800		4.4 CITY-ST-ZIP	NEW BRITAIN, CT 06053	
TITLE	V	DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTONE, MICHAEL A		5.2 NAME		
STREET ADDRESS	1000 STANLEY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT		5.4 CITY-ST-ZIP		
TITLE	S	DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDLE, STEPHEN S		6.2 NAME		
STREET ADDRESS	1000 STANLEY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT		6.4 CITY-ST-ZIP		

14. 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 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.

CR2E034 (10/97)