

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005556 (4)

1. Corporation Name
TODD COMBUSTION, INC.

Principal Place of Business

15 PROGRESS DRIVE
SHELTON CT 06484

Mailing Address

15 PROGRESS DRIVE
SHELTON CT 06484

P.O. Box 884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1995
3a. Date of Last Report 04/19/1996

4. FEI Number 06-1404030
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 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 PGT CHAIRMAN
NAME RIZZA, J R
STREET ADDRESS 15 PROGRESS DRIVE
CITY-ST-ZIP SHELTON CT 06484

TITLE DV
NAME SANTANA, LAWRENCE
STREET ADDRESS 15 PROGRESS DRIVE
CITY-ST-ZIP SHELTON CT 06484

TITLE SD
NAME GRAYKA, GEORGE E
STREET ADDRESS 893 SASCO HILL ROAD
CITY-ST-ZIP FAIRFIELD CT 06430

TITLE D
NAME AMMERMAN, ROBERT C
STREET ADDRESS 175 PORTLAND ST., SUITE 300
CITY-ST-ZIP BOSTON MA 02114

TITLE D
NAME LEVERT, GEORGE W
STREET ADDRESS 115 PERIMETER CENTER PL., STE. 1140
CITY-ST-ZIP ATLANTA GA 30346

TITLE D
NAME JENKS, STEPHEN M.
STREET ADDRESS 175 PORTLAND ST. SUITE 300
CITY-ST-ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHIEF FINANCIAL OFFICER
1.2 NAME BROTON, SALLY
1.3 STREET ADDRESS 15 PROGRESS DRIVE
1.4 CITY-ST-ZIP SHELTON CT 06484

2.1 TITLE PRESIDENT
2.2 NAME COSENTINO JOHN
2.3 STREET ADDRESS 15 PROGRESS DRIVE
2.4 CITY-ST-ZIP SHELTON CT. 06484

3.1 TITLE VICE PRESIDENT
3.2 NAME LEPCZYK, TIMOTHY
3.3 STREET ADDRESS 15 PROGRESS DRIVE
3.4 CITY-ST-ZIP SHELTON CT. 06484

4.1 TITLE VICE PRESIDENT
4.2 NAME DE STEFANO, LEN
4.3 STREET ADDRESS 15 PROGRESS DRIVE
4.4 CITY-ST-ZIP SHELTON CT. 06484

5.1 TITLE DIRECTOR
5.2 NAME HEPLIN, WILLIAM
5.3 STREET ADDRESS 6110 EXECUTIVE BLVD., SUITE 1040
5.4 CITY-ST-ZIP ROCKVILLE, MD 20852

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

9-11-97 (302) 935-1277

CR2E034 (4/97)