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Mar 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 # F96000000125 (2)

1. Corporation Name

MOTT METALLURGICAL CORPORATION

Principal Place of Business

Mailing Address

84 SPRING LANE  
FARMINGTON CT 06032-3159

84 SPRING LANE  
FARMINGTON CT 06032-3155



3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 06032-3159

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, HARRY J  
11094 BEACH CLUB POINT - LOST TREE VILLAGE  
NORTH PALM BEACH FL 33408

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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEOC  
GRAY, HARRY J  
11094 BEACH CLUB POINT - LOST TREE VILLAGE  
NORTH PALM BEACH FL 33408

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PO  
KLENE, ROGER R  
37 MOUNTAIN ROAD  
FARMINGTON CT 06032

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
FINELLI, GENE A  
660 BOUNDLINE ROAD  
WOLCOTT CT 06716

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
VICE PRESIDENT SECRETARY TREASURER Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SORENSEN, ARTHUR H  
54 MARTINKA DRIVE  
SHELTON CT 06484

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VC  
MOTT, LAMBERT H  
6460 SOUTHEAST WINGED FOOT DRIVE  
STUART FL 34997

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
DIRECTOR Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
ROETTGER, LINDA  
166 JERSEY STREET  
MARBLEHEAD MA 01945

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/97

860-793-3917

CP2E034 (9/96)