

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000125 (2)

1. Corporation Name

MOTT METALLURGICAL CORPORATION

Principal Place of Business

84 SPRING LANE
FARMINGTON CT 06032-3159

Mailing Address

84 SPRING LANE
FARMINGTON CT 06032-3159
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

06-0741455

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

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 30

9. Name and Address of Current Registered Agent

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

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 in plaintext name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	GRAY, HARRY J	
STREET ADDRESS	11094 BEACH CLUB POINT - LOST TREE VILLAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLENE, ROGER R	
STREET ADDRESS	37 MOUNTAIN ROAD	
CITY-ST-ZIP	FARMINGTON CT 06032	

TITLE	VPST	<input type="checkbox"/> DELETE
NAME	FINELLI, GENE A	
STREET ADDRESS	660 BOUNDLINE ROAD	
CITY-ST-ZIP	WOLCOTT CT	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SORENSEN, ARTHUR H	
STREET ADDRESS	54 MARTINKA DRIVE	
CITY-ST-ZIP	SHELTON CT 06484	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTT, LAMBERT H	
STREET ADDRESS	6460 SOUTHEAST WINGED FOOT DRIVE	
CITY-ST-ZIP	STUART FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	ROETTGER, LINDA	
STREET ADDRESS	166 JERSEY STREET	
CITY-ST-ZIP	MARBLEHEAD MA 01945	

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	RUBOW, KENNETH L.	
1.3 STREET ADDRESS	60 PORTAGE CROSSING	
1.4 CITY-ST-ZIP	FARMINGTON CT 06032	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCALIA, FRANK A.	
2.3 STREET ADDRESS	186 WILLIAMS STREET	
2.4 CITY-ST-ZIP	BLASTONBURY CT 06033	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VAN ROOY, JEAN-PIERRE	
3.3 STREET ADDRESS	34 MOUNTAIN ROAD	
3.4 CITY-ST-ZIP	FARMINGTON CT 06032	

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 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 as an attachment within an addendum.

SIGNATURE:

[Signature]

2-9-98

860-753-3917

CR2E034 (10/97)