


DOCUMENT # F96000000125	
1. Entity 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90062 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0741455		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRAY, HARRY J 11094 BEACH CLUB POINT - LOST TREE VILLAGE NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

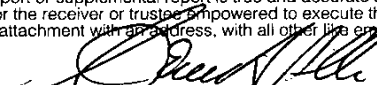
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBOW, KENNETH L 60 PORTAGE CROSSING FARMINGTON CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALIA, FRANK A 186 WILLIAM ST GLASTONBURY CT 06033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ROOY, JEAN-PIERRE 34 MOUNTAIN RD FARMINGTON CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORENSEN, ARTHUR H 54 MARTINKA DRIVE SHELTON CT 06484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, LAMBERT H 6460 SOUTHEAST WINGED FOOT DRIVE STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FINELLI, GENE A 660 BOUNDLINE RD WOLCOTT CT 06716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:  **1-5-01** **860-793-3917**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Title: Vice President, Engineering, Research & Development
Name: Rubow, Kenneth L.
Street Address: 60 Portage Crossing
City-State-Zip: Farmington CT 06032

Title: Director
Name: Scalia, Frank A.
Street Address: 186 Williams Street
City-State-Zip: Glastonbury CT 06033

Title: Director
Name: Van Rooy, Jean Pierre
Street Address: 34 Mountain Road
City-State-Zip: Farmington, CT 06032

Title: Vice President, Manufacturing
Name: Sorensen, Arthur H
Street Address: 33 Homewood Road
City-State-Zip: East Hartland CT 06027

Title: Director
Name: Mott, Lambert H.
Street Address: 6460 Southeast Winged Foot Drive
City-State-Zip: Stuart FL 34997

Title: Vice President, Secretary & Treasurer
Name: Gene A. Finelli
Street Address: 660 Boundline Road
City-State-Zip: Wolcott CT 06716

Attachment
D#F96000000125
A0003671

The following individuals were on the report for 2000, and should still be listed (There is a correction on each of these individuals – Corrections are in **Bold**):

Title: Chairman of the Board of Directors
Name: Gray, Harry J.
Street Address: 11094 Beach Club Point Road – Lost Tree Village
City-State-Zip: North Palm Beach FL 33408

Title: President, CEO & Director
Name: Klene, Roger R.
Street Address: 37 Mountain Road
City-State-Zip: Farmington CT 06032

Title: Vice President, Sales & Marketing
Name: Fahey, Thomas
Street Address: 30 Sturbridge Lane
City-State-Zip: Avon, CT 06001

The following individual should be added to the report:

Title: Vice President, Chief Financial Officer
Name: Fortin, Victor L. III
Street Address: 237 Great Pond Road
City-State-Zip: S Glastonbury, CT 06073