

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

FILED
May 06 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 # F96000002127 (6)

1. Corporation Name

ADVANCED ORDNANCE CORP.

Principal Place of Business

7 GRASSO AVE.
NORTH HAVEN CT 06473

Mailing Address

7 GRASSO AVE.
NORTH HAVEN CT 06473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

59-3370512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	PDCE	<input type="checkbox"/> DELETE
NAME	MOSSBERG, JONATHAN	
STREET ADDRESS	89 SUNSET BEACH RD.	
CITY-ST-ZIP	BRANFORD CT 06405	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSSBERG, IVER	
STREET ADDRESS	310 BLUE TRAIL	
CITY-ST-ZIP	HAMDEN CT 06518	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	NICHOLS, GEORGIA L	
STREET ADDRESS	388 DOWNS RD.	
CITY-ST-ZIP	BETHANY CT 06525	

TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	SCHONER, WILLIAM H	
STREET ADDRESS	38 HOLLOW BROOK RD.	
CITY-ST-ZIP	WINDSOR CT 06095	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MOSSBERG, ALAN L	
STREET ADDRESS	873 SECOND AVENUE S.	
CITY-ST-ZIP	TIERRA VERDE FL 33715	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KLANICA, BRIAN	
4.3 STREET ADDRESS	7 GRASSO AVE	
4.4 CITY-ST-ZIP	NORTH HAVEN, CT 06473	

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 on an attachment with an address.

SIGNATURE:

Brian K. Klanica

4/21/98

CR2E034 (10/97)