

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002338 (9)

1. Corporation Name  
NEW HAVEN MANUFACTURING CORP.

Principal Place of Business  
446 BLAKE ST.  
NEW HAVEN CT 06515

Mailing Address  
446 BLAKE ST.  
NEW HAVEN CT 06515-1206

3. Date Incorporated or Qualified 05/08/1986  
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt. #, etc. N/A

26. Suite Apt. #, etc. N/A

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

4. FEI Number  
06-1254935

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC  
NAME FLANAGAN, JOHN  
STREET ADDRESS 2150 MASSACHUSETTS AVE.  
CITY-ST-ZIP LEXINGTON MA 02173  
VC00

1.1 TITLE Chief Operating Officer  
1.2 NAME Roy David  
1.3 STREET ADDRESS 446 Blake Street  
1.4 CITY-ST-ZIP New Haven, CT 06515

TITLE  
NAME BALESTRINO, GIULIO  
STREET ADDRESS 243 HIGH PLAINS DR.  
CITY-ST-ZIP ORANGE CT 06477

2.1 TITLE Chief Financial Officer  
2.2 NAME Allen Kravick  
2.3 STREET ADDRESS 446 Blake Street  
2.4 CITY-ST-ZIP New Haven, CT 06515

TITLE SCFO  
NAME YOUNG, EDMUND C  
STREET ADDRESS 49 MANSE HILL RD.  
CITY-ST-ZIP SOMERS CT 06071

3.1 TITLE President - Chairman of the Board  
3.2 NAME James Marshall  
3.3 STREET ADDRESS 247 Lamp Lighter Lane  
3.4 CITY-ST-ZIP Newington, Connecticut 06111

TITLE D  
NAME MURPHY, JAMES  
STREET ADDRESS 950 TOWER LANE, STE. 700  
CITY-ST-ZIP FOSTER CITY CA 94404

4.1 TITLE Vice President  
4.2 NAME Richard Tedeschi  
4.3 STREET ADDRESS 1 Fudo Lane  
4.4 CITY-ST-ZIP Cos Cob, Connecticut 06807

TITLE D  
NAME O'BUCH, ROBERT  
STREET ADDRESS 950 TOWER LANE, STE. 700  
CITY-ST-ZIP FOSTER CITY CA 94404

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
900002158569  
-0429127-01076--027  
\*\*\*185.00

TITLE D  
NAME O'DRISCOLL, RORY  
STREET ADDRESS 950 TOWER LANE, STE. 700  
CITY-ST-ZIP FOSTER CITY CA 94404

6.1 TITLE Director  
6.2 NAME William Ryan  
6.3 STREET ADDRESS 11 Bethelridge Road  
6.4 CITY-ST-ZIP Bethany, Connecticut 06524

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X OPERATOR REQUIRED

3-26-97

(203) 387-2573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002033