

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90258 041 ***158.75

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DOCUMENT # F96000003019

1. Corporation Name

INJECTRONICS, INC.

Principal Place of Business

ONE UNION STREET
CLINTON MA 01510

Mailing Address

ONE UNION STREET
CLINTON MA 01510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

04-2442602

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KIENE, H J
240 CRANDON BLVD, STE 202
KEY BISCAYNE FL 33149

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 ☐ DELETE

NAME
CEOT
BARANANO, CARLOS M
STREET ADDRESS
378 CARIBBEAN RD
CITY-ST-ZIP
KEY BISCAYNE FL

TITLE ☐ DELETE

NAME
PD
NAZZARO, PAUL A
STREET ADDRESS
1 BRIDLE PATH
CITY-ST-ZIP
SHREWSBURY MA 01545

TITLE ☐ DELETE

NAME
SD
CULHANE, P E
STREET ADDRESS
6 STILLMEADOW WAY
CITY-ST-ZIP
FRAMINGHAM MA 01701

TITLE ☐ DELETE

NAME
DCFO
KUHN, RICHARD J
STREET ADDRESS
1622 WORCHESTER RD ✓
CITY-ST-ZIP
FARMINGTON MA 01701 ✓

TITLE ☐ DELETE

NAME
DVP
HADEL, DALE A
STREET ADDRESS
3155 W BIG BEAVER ✓
CITY-ST-ZIP
TROY MI 48084 ✓

TITLE ☐ DELETE

NAME
VP
MAXFIELD, DANIEL G
STREET ADDRESS
106 TUTTLE RD
CITY-ST-ZIP
STERLING MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DCFO

Kuhn, Richard J

45 Common Drive Apt. #44

Shrewsbury, MA 01545

DVP

Hadel, Dale A

1100 Opdyke Road Suite #300

Auburn Hills, MI 48326

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD KUHN

4/28/99 (978) 368-8701

Date

Daytime Phone #

CR2E034 (1/98)