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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000005729 (6)
1. Corporation Name
VECTRON LABORATORIES, INC.



Principal Place of Business: 166 GLOVER AVE. NORWALK CT 06856-5160
Mailing Address: PO BOX 5160 NORWALK CT 06856-5160

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 11/04/1996
3a. Date of Last Report
4. FEI Number: 16-1420936
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0402 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	POMEROY, JOHN E	
STREET ADDRESS	416 MURRAY HILL RD.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, ROBERT A	
STREET ADDRESS	2613 PINE BLUFF DR.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDE, TERENCE W	
STREET ADDRESS	19 COACHMAN LANE	
CITY-ST-ZIP	BETHANY CT 06524-3334	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEPHENS, RONALD D	
STREET ADDRESS	12 MEADOWBROOK RD.	
CITY-ST-ZIP	NEWTON CT 06470	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEBACCO, RONALD	
STREET ADDRESS	228 OVERLOOK AVE.	
CITY-ST-ZIP	BELLEVILLE NJ 07109	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUESSER, ALFRED	
STREET ADDRESS	140 MEADBROOK RD.	
CITY-ST-ZIP	GARDEN CITY NJ 11530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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:  Ronald DeBacco 1-31-97 203-840-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)