FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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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

3. Date Incorporated or Qualified: **11/04/1996**

3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **16-1420936** 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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	POMEROY, JOHN E	
STREET ADDRESS	416 MURRAY HILL RD.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	SD	☐ DELETE
NAME	LIVINGSTON, ROBERT A	
STREET ADDRESS	2613 PINE BLUFF DR.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	PD	☐ DELETE
NAME	EDE, TERRENCE W	
STREET ADDRESS	19 COACHMAN LANE	
CITY-ST-ZIP	BETHANY CT 06524-3334	
TITLE	V	☐ DELETE
NAME	STEPHENS, RONALD D	
STREET ADDRESS	12 MEADOWBROOK RD.	
CITY-ST-ZIP	NEWTON CT 06470	
TITLE	V	☐ DELETE
NAME	DEBACCO, RONALD	
STREET ADDRESS	228 OVERLOOK AVE.	
CITY-ST-ZIP	BELLEVILLE NJ 07109	
TITLE	V	☐ 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		☐ 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		

CR2E034 (9/96)

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 De Bacco Ronald De Bacco 1-31-97 203-840-4419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #