

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005729

1. Entity Name

VECTRON INTERNATIONAL NORWALK, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90079 011 ***150.00

80005540



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	16-1420936	Applied For	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. 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 checked="" 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, TERRENCE W	
STREET ADDRESS	19 COACHMAN LANE	
CITY-ST-ZIP	BETHANY CT 06524-3334	
TITLE	V	<input checked="" 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	C	<input type="checkbox"/> Delete
NAME	COORDS, GERARD A	
STREET ADDRESS	221 LAKEVIEW DR	
CITY-ST-ZIP	FAIRFIELD CT 06432	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER J. MARSHALL	
STREET ADDRESS	20 HAWLEY ST, 6TH FLOOR	
CITY-ST-ZIP	BINGHAMPTON, NY 13901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN JOURNALIST	
STREET ADDRESS	6 RIDGEBURY RD	
CITY-ST-ZIP	AVON, CT 06001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerard A. Coords **GERARD A. COORDS** 1/10/00 203-853-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #