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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

SIGNATURE:

21



FLÖRIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

F96000006344 (3) DOCUMENT

SEMAC ELECTRIC CO., INC.

Principal Place of Business	Mailing Address		
45 PETER CT.	45 PETER CT.		
P.O. BOX 638	P.O. BOX €38		
NEW BRITAIN CT 06050	NEW BRITAIN CT 06050		

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2a. Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Not Applicable

3. Date incorporated or Qualified

12/02/1996 4. FEI Number

06-0853859

Suite, Apt.	#, etc-	Suite, Apt. #, etc.			S8.75 Additional			
22			5. Certificate of Status Desired	Fee Required				
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year Intancible			
24	25	29 30	ลิ	Personal Property Tax due June	- ' - ' I			
	9. Name and Address of Current			10. Name and Address of New Reg				
C.	T CORPORATION SYSTEM		81 Name	LICHAEL P. SOLI	205 4 18			
1200 SOUTH PINE ISLAND ROAD				·				
PLANTATION FL 33324				ess (P.O. Box Number Is Not Acceptable	e)			
PLANTATION PL 00024			83	7 8 7002 (1007)				
			84 City	N/ F 1	FL 85 Zip Code			
11 Duran	to the provisions of Sections 607 0500	and 607 1509 Florida Statutos	the above semed sern	PC E 7				
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. In hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
l	m tamiliar with, and accept the obligation	ions of, Section 607,0505, Florid	da Statutes.	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1-24,78			
SIGNATURE MICHAEL P. SOUMENE - PRESIDENT MICHAEL P. SOUMEN MICHAEL P. SOUMENE - PRESIDENT MIC								
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	DATE , ,			
TITLE	CPT	DELETE	1.1 TITLE	Appliford of the	Change Addition			
NAME	SOLIMENE, MICHAEL P	land Date in	1.2 NAME					
	24 SUNSET FARM RD.							
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	WEST HARTFORD CT 06107	DELETE	1.4 CITY - ST - ZIP		Change Addition			
TITLE	· ·	in perete	2.1 TITLE		Citatile Citatile			
NAME	SCANLON, THOMAS M		2.2 NAME					
STREET ADDRESS	49 VOLPI RD.		2.3 STREET ADDRESS		Į.			
CITY - ST - ZIP	BOLTON CT 06043		2. 4 CITY - ST - ZIP					
TITLE		DELETE	3.1 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		İ			
CITY - ST - ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME		ļ			
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			€.4 CITY - ST - ZIP		}			
14. Thereby certify that the information supplied with this filling 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								