


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

FILED

Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90026 005 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000006344</b>					
1. Corporation Name <b>SEMAC ELECTRIC CO., INC.</b>					
Principal Place of Business <b>45 PETER CT. P.O. BOX 638 NEW BRITAIN CT 06050</b>			Mailing Address <b>45 PETER CT. P.O. BOX 638 NEW BRITAIN CT 06050</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>06-0853859</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SOLIMENE, MICHAEL P 585 16 AVE SOUTH NAPLES FL 34102</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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	CPT	<input type="checkbox"/> DELETE			
NAME	SOLIMENE, MICHAEL P				
STREET ADDRESS	24 SUNSET FARM RD.				
CITY-ST-ZIP	WEST HARTFORD CT 06107				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	SCANLON, THOMAS M				
STREET ADDRESS	49 VOLPI RD.				
CITY-ST-ZIP	BOLTON CT 06043				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
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TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL P SOLIMENE - PRESIDENT**

Date

1-7-99

Daytime Phone #

(860) 229-0800

CR2E034 (1/98)