

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90119 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F 97000004702^{OC}**

1. Corporation Name

Interspiro, Inc.

Principal Place of Business

Mailing Address

**31 Business Park Dr.
Branford, CT 06405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-01-91

4. FEI Number

06-1320208

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Philippe Berend
6-10 Quai De Seine, 93200 Saint-Denis
France**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Executive VP
Hans Almqvist
31 Business Park Dr
Branford, CT 06405**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP Sales & Marketing
Michael Brookman
31 Business Park Dr
Branford, CT 06405**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP Military projects
Kenton Warner
31 Business Park Dr.
Branford, CT 06405**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Secretary
David Sherwood
701 Herbon Ave
Glastonbury, CT 06033-4020**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
Kenton Warner
31 Business Park Dr.
Branford, CT 06405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenton D. Warner, VP

(203) 483 8508

Daytime Phone #

CR21-034 (10/97)