2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002458

1. Entity Name
ANO-COIL CORPORATION

Principal Place of Business	Mailing Address
60 E. MAIN ST. P.O. BOX 1318 ROCKVILLE, CT 06066	60 E. MAIN ST. P.O. BOX 1318 ROCKVILLE, CT 06066

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-1669409
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	FROMSON, HOWARD A
STREET ADDRESS	ONE GOLD ST.
CITY-ST-ZIP	HARTFORD, CT 06103
TITLE	DS
NAME	DECOSTER, PAUL H
STREET ADDRESS	450 WEST END AVE.
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	V
NAME	FROMSON, TIMOTHY A
STREET ADDRESS	469 EASTBURY HILL RD.
CITY-ST-ZIP	GLASTONBURY, CT 06033
TITLE	VCFO
NAME	BUJESE, DAVID M
STREET ADDRESS	14 NOAH LANE
CITY-ST-ZIP	TOLLAND, CT 06084
TITLE	V
NAME	KNORR, C.G. JR.
STREET ADDRESS	129 STONEPOST RD.
CITY-ST-ZIP	GLASTONBURY, CT 06033
TITLE	AS
NAME	MICHAELS, JOSEPH IV
STREET ADDRESS	33 SURREY LANE
CITY-ST-ZIP	ROCKVILLE CENTRE, NY 11570

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01/13/04-80013-007 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DAVID M. BUJESE 1/5/04 860-871-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #