

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90003 003 ***150.00

DOCUMENT # F98000005670

1. Entity Name
HUGHEY & PHILLIPS, INC.



Principal Place of Business
**C/O HONEYWELL INTL INC
101 COLUMBIA RD TAX DEPT
MORRISTOWN, NJ 07962**

Mailing Address
**101 COLUMBIA ROAD
MORRISTOWN, NJ 07962**

DO NOT WRITE IN THIS SPACE



02112006 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4078874

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIGGINS, WILLIAM
STREET ADDRESS	550 ROUTE 55
CITY-ST-ZIP	URBANA, OH 43078
TITLE	AT
NAME	FUCHS, LOIS H
STREET ADDRESS	101 COLUMBIA RD
CITY-ST-ZIP	MORRISTOWN, FL 07962
TITLE	AVP
NAME	BROWNSTEIN, PAUL H
STREET ADDRESS	101 COLUMBIA RD
CITY-ST-ZIP	MORRISTOWN, FL 07962
TITLE	S
NAME	KUCKELMAN, DAVID J
STREET ADDRESS	21111 N. 19TH AVE
CITY-ST-ZIP	PHOENIX, AZ 85027
TITLE	AS
NAME	COHEN, DAVID A
STREET ADDRESS	101 COLUMBIA RD
CITY-ST-ZIP	MORRISTOWN, FL 07962
TITLE	VP
NAME	RYSDAM, DAVID
STREET ADDRESS	21111 N. 19TH AVE
CITY-ST-ZIP	PHOENIX, AZ 85027

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Paul H. Brownstein

Paul H. Brownstein

2/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant V.P. - Taxes

Daytime Phone # _____