

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03628** (5)  
1. Corporation Name  
**SAVAGE ENGINEERING, INC.**

Principal Place of Business <b>707 BLOOMFIELD AVE P. O. BOX 707 BLOOMFIELD CT 06002</b>	Mailing Address <b>707 BLOOMFIELD AVE P. O. BOX 707 BLOOMFIELD CT 06002</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/08/1984</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>06-1058210</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<b>D</b>
NAME	<b>SAVAGE, HARLOW D. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>20 LOEFFLER RD</b>	1.3 STREET ADDRESS	<b>80 LOEFFLER RD G-200</b>
CITY-ST-ZIP	<b>BLOOMFIELD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PTD</b>	2.1 TITLE	<b>CDS</b>
NAME	<b>MCGUIRE, JOHN J.</b>	2.2 NAME	
STREET ADDRESS	<b>561 GURLEY VILLE ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STORRS CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	3.1 TITLE	<b>PTD</b>
NAME	<b>FINE, PHILIP J.</b>	3.2 NAME	
STREET ADDRESS	<b>15 WALBRIDGE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W.HARTFORD CT</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>V</b>
NAME		4.2 NAME	<b>PAUL B. POPINCHALK</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>24 RACE BROOK RD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>WEST HARTFORD, CT</b>
TITLE		5.1 TITLE	<b>V</b>
NAME		5.2 NAME	<b>SUNIL A. SHAH</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>62 N. FORESTVIEW LN</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>AURORA, IL</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Philip J. Fine*

4/5/98

(860) 243-2707

CR2E034 (10/97)