SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:05

DOCUMENT # **P05964** **(2)**

1. Corporation Name
SPARCRAFT, INC.

Principal Place of Business	Mailing Address
NEW WHITFIELD ST. P.O. BOX 308 GUILFORD CT 06437	NEW WHITFIELD ST. P.O. BOX 308 GUILFORD CT 06437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1985
3a. Date of Last Report: 11/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 06-1117196 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

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

City & State (23) / City & State (28)

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

Zip (24) / Country (25) / Zip (29) / Country (30)

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEMS, INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	11 TITLE	☐ Change ☐ Addition
NAME	BONETTI, ALESSANDRO	12 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	13 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	14 CITY-ST-ZIP	
TITLE	ATAS	21 TITLE	☑ Change ☐ Addition
NAME	FUTKEE, DANIEL	22 NAME	DURKEE, DANIEL
STREET ADDRESS	351 NEW WHITFIELD ST	23 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HUGGETT, JOHN	32 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	33 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	34 CITY-ST-ZIP	
TITLE	TSD	41 TITLE	TSD ☑ Change ☑ Addition
NAME	ANDERSON, AL	42 NAME	BOB SCHWARTZ
STREET ADDRESS	351 NEW WHITFIELD ST	43 STREET ADDRESS	351 NEW WHITFIELD ST.
CITY-ST-ZIP	GUILFORD CT 06437	44 CITY-ST-ZIP	GUILFORD, CT 06437
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WONG, ERNEST	52 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	53 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	APPLEBY, HOMER	62 NAME	
STREET ADDRESS	351 NEW WHITFIELD ST	63 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06437	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added, or deleted.

SIGNATURE: [signature] ASST MGR. ASST SECR. 6-13-95 203-453-4324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175187 FN