FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

[illegible]
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06186 (1)

1. Corporation Name

TTI TESTRON, INC.

Principal Place of Business	Mailing Address
41 CENTURY DRIVE WOONSOCKET RI 02895	41 CENTURY DRIVE WOONSOCKET RI 02895

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/28/1985	03/01/1994

4. FEI Number: 05-0398783 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESALVO, JAMES B. 4420 PARKWAY COMMERCE BLVD. ORLANDO FL 32808	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: James B. DeSalvo — General Manager Orlando — DATE: 2-10-95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	~~Vice Pres/Treas.~~ ☒ Change ☐ Addition
NAME	NESBITT, ROBERT J.	1.2 NAME	
STREET ADDRESS	49 FIELDSTONE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N ATTLEBORO MA	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	~~President~~ ☒ Change ☐ Addition
NAME	REED, CARLETON	2.2 NAME	
STREET ADDRESS	15 FIELDSTONE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N ATTLEBORO MA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CROTEAU, BERNARD J.	3.2 NAME	
STREET ADDRESS	10 KNOLLRIDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. SMITHFIELD RI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: Robert J. Nesbitt VP — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/6/95 — Daytime Phone #: 401-766-9100

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