

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P10165 (9)**

1. Corporation Name  
**STANLEY-BOSTITCH, INC.**



Principal Place of Business: **BRIGGS DRIVE, RT. 2, ROUTE 2, EAST GREENWICH RI 02818 US**  
Mailing Address: **1000 STANLEY DR, ROUTE 2, NEW BRITAIN CT 06053 US**

3. Date Incorporated or Qualified: **05/21/1986**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **05-0419891**  
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

2. Principal Place of Business: **21 BRIGGS DRIVE, RT. 2, EAST GREENWICH, RI, 02818 US**  
2a. Mailing Address: **26 1000 STANLEY DR., NEW BRITAIN, CT, 06053 US**

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, FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BENKE, BRUCE I.		1.2 NAME	
STREET ADDRESS: BRIGGS DRIVE, RT. 2		1.3 STREET ADDRESS	
CITY-ST-ZIP: E.GREENWICH RI		1.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, THOMAS J		2.2 NAME	
STREET ADDRESS: 1000 STANLEY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: NEW BRITAIN CT		2.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNTER, R.A.		3.2 NAME	
STREET ADDRESS: 1000 STANLEY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP: NEW BRITAIN CT		3.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUCK, RICHARD		4.2 NAME	
STREET ADDRESS: 1000 STANLEY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: NEW BRITAIN CT		4.4 CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P. CALLAHAN, JOHN		5.2 NAME	MICHAEL A. BARTON
STREET ADDRESS: 1000 STANLEY DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: NEW BRITAIN CT		5.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BEMBEN, BRENJA J.		6.2 NAME	STEPHEN S. WEDDLE
STREET ADDRESS: 1000 STANLEY DR		6.3 STREET ADDRESS	
CITY-ST-ZIP: NEW BRITAIN CT		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: [Signature] MICHAEL A. BARTONE, VP, TAXLS 4/8/96 860-225-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)