

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

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**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 EAST GREENWICH RI 02818 US**

Mailing Address: **1000 STANLEY DR NEW BRITAIN CT 06053-1675 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **05/21/1986**

3a. Date of Last Report: **04/22/1996**

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

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 (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENKE, BRUCE I.	
STREET ADDRESS	BRIGGS DRIVE, RT. 2	
CITY - ST - ZIP	E. GREENWICH RI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS J	
STREET ADDRESS	1000 STANLEY DRIVE	
CITY - ST - ZIP	NEW BRITAIN CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUNTER, R.A.	
STREET ADDRESS	1000 STANLEY DR	
CITY - ST - ZIP	NEW BRITAIN CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUCK, RICHARD	
STREET ADDRESS	1000 STANLEY DRIVE	
CITY - ST - ZIP	NEW BRITAIN CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARTON, MICHAEL A.	
STREET ADDRESS	1000 STANLEY DRIVE	
CITY - ST - ZIP	NEW BRITAIN CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEDDLE, STEPHEN S.	
STREET ADDRESS	1000 STANLEY DR	
CITY - ST - ZIP	NEW BRITAIN CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MICHAEL A. BARTONE
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:  MICHAEL A. BARTONE VP, TAXES 4/16/97 860-225-5111

CR2E034 (9/96)