

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10165** (9)

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



Principal Place of Business <b>BRIGGS DRIVE, RT. 2 EAST GREENWICH RI 02818 US</b>	Mailing Address <b>1000 STANLEY DR NEW BRITAIN CT 06053-1675 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1986</b>	3a. Date of Last Report <b>04/22/1996</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>05-0419891</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	<b>BENKE, BRUCE I.</b>	1.2 NAME	
STREET ADDRESS	<b>BRIGGS DRIVE, RT. 2</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>E. GREENWICH RI</b>	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, THOMAS J</b>	2.2 NAME	
STREET ADDRESS	<b>1000 STANLEY DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW BRITAIN CT</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, R.A.</b>	3.2 NAME	
STREET ADDRESS	<b>1000 STANLEY DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW BRITAIN CT</b>	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUCK, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>1000 STANLEY DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW BRITAIN CT</b>	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTON, MICHAEL A.</b>	5.2 NAME	<b>MICHAEL A. BARTONE</b>
STREET ADDRESS	<b>1000 STANLEY DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW BRITAIN CT</b>	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEDDLE, STEPHEN S.</b>	6.2 NAME	
STREET ADDRESS	<b>1000 STANLEY DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW BRITAIN CT</b>	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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL A. BARTONE**

V.P. TAXES

4/16/97

800-225-5111

CR2E034 (9/96)