

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

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10165

1. Corporation Name
STANLEY-BOSTITCH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
BRIGGS DRIVE, RT. 2
EAST GREENWICH RI 02818
US

Mailing Address
1000 STANLEY DR
NEW BRITAIN CT 06053
US

3. Date Incorporated or Qualified
05/21/1986

4. FEI Number
05-0419891

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

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENKE, BRUCE I.	1.2 NAME	Raymond Martino
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTABROOK, JENNIFER O	2.2 NAME	Stephen S. Weddle
STREET ADDRESS	133C	2.3 STREET ADDRESS	1000 Stanley Drive
CITY-ST-ZIP	NEW BRITAIN CT	2.4 CITY-ST-ZIP	New Britain CT 06053
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CRAIG 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	YERKES, THERESA F	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTONE, MICHAEL A	5.2 NAME	
STREET ADDRESS	1000 STANLEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRITAIN CT	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDLE, STEPHEN S.	6.2 NAME	
STREET ADDRESS	1000 STANLEY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRITAIN CT	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Michael A. Bartone (860) 225-5111 Date _____ Daytime Phone # _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P., Taxes

CR2E034 (11/98)