

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

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.



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

Mailing Address  
1000 STANLEY DR  
NEW BRITAIN CT 06053  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1986

4. FEI Number

05-0419891

Applied For

Not Applicable

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BENKE, BRUCE I.  
STREET ADDRESS BRIGGS DRIVE, RT. 2  
CITY-ST-ZIP E.GREENWICH RI

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

Raymond Martino

TITLE S ☐ DELETE  
NAME ESTABROOK, JENNIFER O  
STREET ADDRESS 133C  
CITY-ST-ZIP NEW BRITAIN CT

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Stephen S. Weddle  
1000 Stanley Drive  
New Britain CT 06053

TITLE T ☐ DELETE  
NAME DOUGLAS, CRAIG A  
STREET ADDRESS 1000 STANLEY DR  
CITY-ST-ZIP NEW BRITAIN CT

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE  
NAME YERKES, THERESA F  
STREET ADDRESS 1000 STANLEY DRIVE  
CITY-ST-ZIP NEW BRITAIN CT

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V ☐ DELETE  
NAME BARTONE, MICHAEL A  
STREET ADDRESS 1000 STANLEY DRIVE  
CITY-ST-ZIP NEW BRITAIN CT

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME WEDDLE, STEPHEN S.  
STREET ADDRESS 1000 STANLEY DR  
CITY-ST-ZIP NEW BRITAIN CT

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P., Taxes

(860) 225-5111  
Date Daytime Phone #

CR2E034 (11/98)