

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11714

FILED
Feb 23, 2007
Secretary of State

Entity Name: ELECTRODES, INCORPORATED

Current Principal Place of Business:

252 DEPOT ROAD
MILFORD, CT 06460

New Principal Place of Business:

Current Mailing Address:

252 DEPOT ROAD
MILFORD, CT 06460

New Mailing Address:

FEI Number: 06-0843582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUDAS, DAVID J.,
Address: 310 NORTH PARK AVE.
City-St-Zip: EASTON, CT 06612

Title: VTD () Delete
Name: DUDAS, MICHAEL JOHN
Address: 68 RANDI DRIVE
City-St-Zip: MADISON, CT 06443

Title: S () Delete
Name: BAGLEY, BEATRICE DUDAS
Address: 263 GALLOPINGHILL ROAD
City-St-Zip: FAIRFIELD, CT 06430

Title: AS () Delete
Name: FREY, MARILYN D
Address: 1 ORCHARD HILL
City-St-Zip: NEWTOWN, CT 06470

Title: D () Delete
Name: MCGRIMLEY, GAIL DUDAS
Address: 60 DREAM LAKE DRIVE
City-St-Zip: MADISON, CT 06443

Title: D () Delete
Name: DUDAS, ESTHER D
Address: 30 WELLNER DRIVE
City-St-Zip: FAIRFIELD, CT 06430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIAL S DONNELLY

CONT

02/23/2007

Electronic Signature of Signing Officer or Director

Date