2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11970

CHIA, DOUGLÁS K

ONE TOWN CENTER ROAD

BOCA RATON, FL 33486

Name:

Address:

City-St-Zip:

Entity Name: SCOTT TECHNOLOGIES, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE TOWN CENTER RD BOCA RATON, FL 33486 US **Current Mailing Address: New Mailing Address:** P O BOX 8749 PRINCETON, NJ 085438749 FEI Number: 52-1297376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROBINSON, DAVID E Name: Name: ONE TOWN CENTER ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COURSON, GARDNER G Name: ONE TOWN CENTER ROAD Address: Address: BOCA RATON, FL 33486 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition HUND-MEJEAN, MARTINA Name: Name: ONE TOWN CENTER ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK MCGRATH POA 04/26/2006