

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12190

(5)

1. Corporation Name

THE ENSIGN-BICKFORD COMPANY



Principal Place of Business

660 HOPMEADOW ST.
SIMSBURY CT 06070

Mailing Address

660 HOPMEADOW ST.
SIMSBURY CT 06070

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

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/18/1986

3a. Date of Last Report

02/14/1995

4. FEI Number

06-0876669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and kind of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME FONTEYNE, HERMAN J
STREET ADDRESS 10 MILL POND LN
CITY- ST- ZIP SIMSBURY CT

TITLE AS ☐ DELETE

NAME LONG, MICHAEL T.
STREET ADDRESS 10 MILL POND LANE
CITY- ST- ZIP SIMSBURY CT

TITLE ST ☐ DELETE

NAME EMOTT, DAVID T.
STREET ADDRESS 10 MILL POND LANE
CITY- ST- ZIP SIMSBURY CT

TITLE D ☐ DELETE

NAME DARLING, ROBERT E., JR.
STREET ADDRESS 10 MILL POND LANE
CITY- ST- ZIP SIMSBURY CT

TITLE D ☒ DELETE

NAME FONTEYNE, HERMAN J.
STREET ADDRESS 10 MILL POND LANE
CITY- ST- ZIP SIMSBURY CT

TITLE D ☐ DELETE

NAME LOVEJOY, JOSEPH E.
STREET ADDRESS 101 FEDERAL ST
CITY- ST- ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO/D ☒ Change ☐ Addition

1.2 NAME Fonteyne, Herman J.
1.3 STREET ADDRESS 10 Mill Pond Lane
1.4 CITY- ST- ZIP Simsbury, CT 06070-0007

2.1 TITLE AS/D ☒ Change ☐ Addition

2.2 NAME Long, Michael T.
2.3 STREET ADDRESS 10 Mill Pond Lane
2.4 CITY- ST- ZIP Simsbury, CT 06070-0007

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Shober, John A. H.
3.3 STREET ADDRESS 301 Stenton Avenue
3.4 CITY- ST- ZIP Plymouth Meeting, PA 19462

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

860-843-2626

Date

Daytime Phone

CR2E034 (12/95)