

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12190 1. Corporation Name THE ENSIGN-BICKFORD COMPANY	(5)
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Principal Place of Business 660 HOPMEADOW ST. SIMSBURY CT 06070	Mailing Address 660 HOPMEADOW ST. SIMSBURY CT 06070-2420
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3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 06-0876669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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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	
TITLE	PCED <input type="checkbox"/> DELETE
NAME	Fonteyne, Herman J
STREET ADDRESS	10 MILL POND LN
CITY-ST-ZIP	SIMSBURY CT
TITLE	ASD <input type="checkbox"/> DELETE
NAME	Long, Michael T.
STREET ADDRESS	10 MILL POND LANE
CITY-ST-ZIP	SIMSBURY CT
TITLE	ST <input type="checkbox"/> DELETE
NAME	Emott, David T.
STREET ADDRESS	10 MILL POND LANE
CITY-ST-ZIP	SIMSBURY CT
TITLE	D <input type="checkbox"/> DELETE
NAME	Darling, Robert E., Jr.
STREET ADDRESS	10 MILL POND LANE
CITY-ST-ZIP	SIMSBURY CT
TITLE	D <input type="checkbox"/> DELETE
NAME	Shober, John A H
STREET ADDRESS	301 STENTON AVENUE
CITY-ST-ZIP	PLYMOUTH MEETING PA
TITLE	D <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Long, Michael T.
2.3 STREET ADDRESS	10 Mill Pond Lane
2.4 CITY-ST-ZIP	Simsbury, CT
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  REQUIRED David T. Emott 1/13/97 860-843-2243

CR2E034 (9/96)