
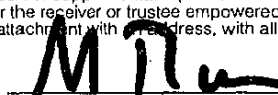


FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 017 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|--|--|--|
| DOCUMENT # P12190 1. Entity 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 8305 SOUTH HIGHWAY 6 | | 3. Mailing Address 100 GRIST MILL ROAD | |
| P. O. Box #, etc. P. O. Box 310 | | Suite, Apt. #, etc. P. O. Box 483 | |
| City & State SPANISH FORK, UTAH | | City & State SIMSBURY, CONNECTICUT | |
| Zip 84660 | Country U.S.A. | Zip 06070 | Country U.S.A. |
| 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. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCED HARNETT, RALPH H 100 GRIST MILL ROAD SIMSBURY, CT 06070 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PETER N. BARNETT 8305 SOUTH HIGHWAY 6, P.O. BOX 310 SPANISH FORK, UTAH 84660 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LONG, MICHAEL T. 100 GRIST MILL ROAD SIMSBURY, CT <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DENISE M. GRANT 100 GRIST MILL ROAD SIMSBURY, CONNECTICUT 06070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT EMOTT, DAVID T. 100 GRIST MILL ROAD SIMSBURY, CT <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID T. EMOTT 100 GRIST MILL ROAD SIMSBURY, CONNECTICUT 06070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DARLING, ROBERT E., JR. 100 GRIST MILL ROAD SIMSBURY, CT <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C ROBERT E. DARLING, JR. 100 GRIST MILL ROAD SIMSBURY, CONNECTICUT 06070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHOBER, JOHN A H 12 BUGLE LANE BLUE BELL, PA 19422 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEVIN W. SCHULTZ 100 GRIST MILL ROAD SIMSBURY, CONNECTICUT 06070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOVEJOY, JOSEPH E. 101 FEDERAL ST BOSTON, MA <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered. | | | |
| SIGNATURE:  | | MICHAEL T. LONG, SEC. 5/5/04 860-843-2843 | |