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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P18090

(1)

1. Corporation Name
DORR-OLIVER INCORPORATED

Principal Place of Business
612 WHEELER'S FARM ROAD
P.O. BOX 3819
MILFORD CT 06460-5719

Mailing Address
612 WHEELER'S FARM ROAD
P.O. BOX 3819
MILFORD CT 06460-5719

3. Date Incorporated or Qualified 02/22/1988
3a. Date of Last Report 04/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 93-0970745	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24. Country	29. Country		

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
NAME	STREET ADDRESS	2.1 TITLE	Change Addition
CITY - ST - ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
NAME	STREET ADDRESS	2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
NAME	STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
NAME	STREET ADDRESS	5.1 TITLE	Change Addition
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
NAME	STREET ADDRESS	5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	Change Addition
TITLE	NAME	6.2 NAME	
NAME	STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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: Daniel A. Bergeron 3/3/97 203-876-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)