2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2004
Secretary of State

DOCUMENT# P20458

Entity Name: DYNALCO CONTROLS CORPORATION

Current Principal Place of Business:

3690 NW 53RD ST.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

100 FIRST STAMFORD PLACE
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 65-0063375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIU, J
Address: 3690 NW 53RD STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP ( ) Delete
Name: RAITHEL, M.L.
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: D ( ) Delete
Name: O'DONNELL, MARY
Address: 3690 NW 53RD ST.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ATAS ( ) Delete
Name: NOONAN, THOAMS M
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: ATAS ( ) Delete
Name: INSOFT, DAVID N
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: VS ( ) Delete
Name: DUPONT, AUGUSTUS I
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: SCIMONE, GEORGE
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: AS (X) Change ( ) Addition
Name: UNGERLAND, THOMAS
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DAVID N. INSOFT ATAS 10/26/2004

Electronic Signature of Signing Officer or Director Date