

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20458

FILED
Mar 25, 2009
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SPITLER, DOUGLAS
Address: 3690 NW 53RD STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: CAPOZZI, FRANK C
Address: 3690 NW 53RD STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: AS () Delete
Name: DEE, CHRISTOPHER
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

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

Title: AT () Delete
Name: SWITTER, ED S
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 exemption stated in Chapter 119, 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: ED SWITTER

Electronic Signature of Signing Officer or Director

AT

03/25/2009

_____ Date