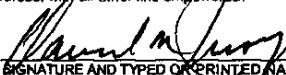


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91866 034 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P20458</b>			
1. Entity Name <b>DYNALCO CONTROLS CORP.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>3690 NW 53RD STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>100 FIRST STAMFORD PLACE</b> Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>STAMFORD, CT</b>	4. FEI Number <b>65-0063375</b>
Zip <b>33309</b>	Country <b>US</b>	Zip <b>06460</b>	Country <b>US</b>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>CT CORPORATION SYSTEM</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>			
City <b>PLANTATION</b> FL Zip Code <b>33324</b>			
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 Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE <b>P</b> NAME <b>JOAQUIN OLIU</b> STREET ADDRESS <b>3690 NW 53RD ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>V</b> NAME <b>GEORGE SCIMONE</b> STREET ADDRESS <b>100 FIRST STAMFORD PLACE</b> CITY-ST-ZIP <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>AS, AT</b> NAME <b>THOMAS M. NOONAN</b> STREET ADDRESS <b>100 FIRST STAMFORD PLACE</b> CITY-ST-ZIP <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>AS, AT</b> NAME <b>DAVID N. INSOF</b> STREET ADDRESS <b>100 FIRST STAMFORD PLACE</b> CITY-ST-ZIP <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>V, S</b> NAME <b>AUGUSTUS I. DUPONT</b> STREET ADDRESS <b>100 FIRST STAMFORD PLACE</b> CITY-ST-ZIP <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>AS</b> NAME <b>THOMAS J. UNGERLAND</b> STREET ADDRESS <b>100 FIRST STAMFORD PLACE</b> CITY-ST-ZIP <b>STAMFORD, CT 06902</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DAVID N. INSOF	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/28/03</b>	Daytime Phone # <b>203-363-7263</b>

CR2E034B (12/02)