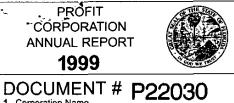
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1. Comoration Name



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

1999

DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

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05-05-1999 90169 008 ***150.00

PRAXAIF	SURFACE TECHNOLOGI	ES, INC.							
Principal Plac	e of Business	Mailing Address				\neg	1	BIBIT BIBIT BIBIT BEBIT B	
STATE INCOME TAXES - L2 39 OLD RIDGEBURY ROAD DANBURY CT 06810-5113 STATE INCOME TAXES - L2 39 OLD RIDGEBURY ROAD DANBURY CT 06810-5113 DANBURY CT 06810-5113							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
						_	12/08/1988		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	⊢	plied For t Applicable
26							06-1249524	\$8.75	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired	Fee Re	
City & State City & State							6. Election Campaign Financing	\$5.00	May Be
23 28						1	Trust Fund Contribution	Added	
Zip	Country	Zip	Coun	try			8. This corporation owes the current ye	ar Intangible	
24	25	29	30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81			10. Name and Address of New Regist	ered Agent	
					Name				
THE PRENTICE-HALL CORPORATION SYSTEM INC.				82 Street Address (P.O. Box Number is Not Acceptable)					
110 N. MAGNOLIA ST. TALLAHASSEE FL 32301									
IALI	LAMASSEE PL 32301		1	83					
			l la	84	City			85 Zip (Code
				\perp			ation submits this statement for the purpo	FL 3 2.5	
SIGNATURE	Signature, typed or printed name of registered at						s board of directors. I hereby accept the	TE	
TITLE	CEOD		1.1 TITL			$\overline{\rho}$. 0 0/ 0	Change	Addition
NAME	HOTARD, E G		1.2 NAM	Æ		JOI	MA. Clerico		
STREET ADDRESS	l control of the cont		1.3 STR	EET A	DDRESS	ડવ	OID Ridgebury Rd		
CITY-ST-ZIP	DANBURY CT 06810-5113		1.4 CITY	Y-ST-Z	ZIP Y.)Qt	ubury CT 06810		- A 1.000 a
TITLE	PD	☐ DELETE	2.1 TITL	.E			4	Change	☐ Addition
NAME	VON KRANNICHFELDT, THO	MAS W	2.2 NAM	Æ	}				
STREET ADDRESS			2.3 STR	REETA	DORES\$				
CITY-ST-ZIP	INDIANAPOLIS IN 46224		2.4 CIT 3.1 TITL		ZIP			Change	Addition
TITLE	S DELETE								Addition
NAME	BASSETT, R A		3.2 NAN						
STREET ADDRESS					DDRESS				
CITY+ST-ZIP	DANBURY CT 06810-5113	☐ DELETE	3.4. CIT		ZIP			☐ Change	
TITLE	AS DEIERNWEISED MADOIA A		4.1 TITL		}				
NAME	REIFENHEISER, MARCIA A 39 OLD RIDGEBURY ROAD			4.2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS	•• • • · · · · · · · · · · · · · · · ·			4.3 STREET ADDRESS					
CITY-ST-ZIP	T	☐ DELETE	5.1 T/TL					☐ Change	Addition
NAME	SAWYER, JAMES S			5.2 NAME				•	_
STREET ADDRESS	AA OLD DIDOUWLY DAOD				DORESS				
CITY-ST-ZIP	DANBURY CT 06810-5113		5.4 CIT						
TITLE	D	☐ ĐELETE	6.1 TITU					☐ Change	Addition
NAME	VIPOND, J.R. J		6.2 NAA	ΝE	}				
STREET ADDRESS	OLD DIDORULU DOAD		6.3 STR	REETA	DDRESS				
JINEELAODRESS	DANIELIEN CT OCO40 E440		6.4.C/D	v et :	חוד				

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR