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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P29526** **(1)**

1. Corporation Name
ALLEN HEAT TRANSFER PRODUCTS, INC.

Principal Place of Business
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
100 GANDO DRIVE
NEW HAVEN CT 06513-1049
US

3. Date Incorporated or Qualified: **05/25/1990**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **11-3015709** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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
Signature, type and print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	☒ DELETE	1.1 TITLE	PRESIDENT + DIRECTOR	☒ Change ☐ Addition
NAME PAUL ROBERT G		1.2 NAME	HENRY P. MCHALE	
STREET ADDRESS 25101 CHAGRIN BLVD., #350		1.3 STREET ADDRESS	100 GANDO DRIVE	
CITY-ST-ZIP BEACHWOOD OH		1.4 CITY-ST-ZIP	NEW HAVEN, CT 06513	
TITLE S	☒ DELETE	2.1 TITLE	V.P., TREASURER + DIRECTOR	☒ Change ☐ Addition
NAME FOLAN III, MCDARA P		2.2 NAME	JOHN C. MARTIN III	
STREET ADDRESS 25101 CHAGRIN BLVD., #350		2.3 STREET ADDRESS	100 GANDO DRIVE	
CITY-ST-ZIP BEACHWOOD OH		2.4 CITY-ST-ZIP	NEW HAVEN, CT 06513	
TITLE VD	☒ DELETE	3.1 TITLE	V.P., SECRETARY + DIRECTOR	☒ Change ☐ Addition
NAME YOUDELMAN, ROBERT A		3.2 NAME	TIMOTHY E. COYNE	
STREET ADDRESS 25101 CHAGRIN BLVD., #350		3.3 STREET ADDRESS	100 GANDO DRIVE	
CITY-ST-ZIP BEACHWOOD OH		3.4 CITY-ST-ZIP	NEW HAVEN, CT 06513	
TITLE VPT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME MARTIN, III, JOHN C		4.2 NAME		
STREET ADDRESS 100 GANDO DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP NEW HAVEN CT 06513		4.4 CITY-ST-ZIP		
TITLE VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME LE PORTE, JAMES		5.2 NAME		
STREET ADDRESS 25101 CHAGRIN BLVD., #350		5.3 STREET ADDRESS		
CITY-ST-ZIP BEACHWOOD OH		5.4 CITY-ST-ZIP		
TITLE AS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME AMIRA, ALAN J		6.2 NAME		
STREET ADDRESS 25101 CHAGRIN BLVD., #350		6.3 STREET ADDRESS		
CITY-ST-ZIP BEACHWOOD OH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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.

SIGNATURE: Timothy E. Coyne TIMOTHY E. COYNE 3/6/97 (203)401-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002032