

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29526**

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
US**

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90008 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1990

4. FEI Number

11-3015709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MCHALE, HENRY P**
STREET ADDRESS **100 GANDO DR**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE **VPTD** ☒ DELETE
NAME **MARTIN, JOHN C III**
STREET ADDRESS **100 GANDO DR**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE **VPSD** ☒ DELETE
NAME **COYNE, TIMOTHY E**
STREET ADDRESS **100 GANDO DR**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **V.P., TREASURER, AND DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **COYNE, TIMOTHY E**
2.3 STREET ADDRESS **100 GANDO DRIVE**
2.4 CITY-ST-ZIP **NEW HAVEN, CT - 06513**

3.1 TITLE **V.P., SECRETARY, AND DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **JACKSON, JEFFREY L.**
3.3 STREET ADDRESS **100 GANDO DRIVE**
3.4 CITY-ST-ZIP **NEW HAVEN, CT 06513**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **x**

Timothy E. Coyne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 (203) 401-6463
Date Daytime Phone #