

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30096 (2)

1. Corporation Name

THE TORRINGTON COMPANY



Principal Place of Business

59 FIELD STREET
TORRINGTON CT 06790

Mailing Address

59 FIELD STREET
TORRINGTON CT 06790

3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

06-0564725

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

10. Name and Address of New 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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	NIXON, ALLEN M.	
STREET ADDRESS	52 DANIEL TRACE	
CITY - ST - ZIP	BURLINGTON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLEHER, GEORGE R.	
STREET ADDRESS	RFD #2, NILES ROAD	
CITY - ST - ZIP	WINSTED CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOYD, ROBERT T.	
STREET ADDRESS	8 MULBERRY LANE	
CITY - ST - ZIP	AVON CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, FRANK C.	
STREET ADDRESS	117 FOX DEN	
CITY - ST - ZIP	AVON CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, STEVEN T.	
STREET ADDRESS	52 ORCHARD ROAD	
CITY - ST - ZIP	WEST HARTFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	GERARD A. TOUPIN
5.4 CITY - ST - ZIP	17 AUTUMN LEAVES ROAD WALLINGFORD, CT. 06490
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VICE PRESIDENT
6.3 STREET ADDRESS	JAMES S. BURROUGHS
6.4 CITY - ST - ZIP	24 OLD MILL ROAD COLLINSVILLE, CT. 06022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George R. Kelleher* **GEORGE R. KELLEHER, V.P. & CONTROLLER 4/23/96 626-2897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)