

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P38242	
1. Entity Name UNITED ABRASIVES, INC.	

Principal Place of Business ROUTE 66, P. O. BOX 75 WILLIMANTIC, CT 06226	Mailing Address ROUTE 66, P. O. BOX 75 WILLIMANTIC, CT 06226
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2656850	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARZIALI, ARIS 1340 US HWY ONE SUITE 120 JUPITER COVE PLAZA JUPITER, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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.

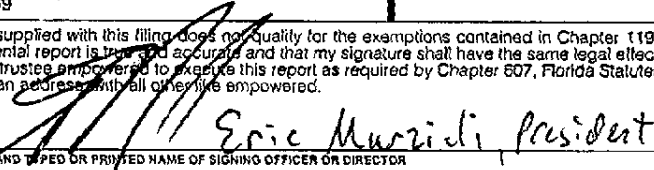
SIGNATURE _____
Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000450661 03/10/06-80014-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT MARZIALI, ARIS 100 BEACH RD., #803 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEINETTI, LILLIAN CASELLA POSTALE 1365 TORINO, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPPI, UGO CASELLA POSTALE 1365 TORINO, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARZIALI, ERIC ROUTE 66 WILLIMANTIC, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRELLO, JOSEPH ROUTE 66 WILLIMANTIC, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARZIALI, ARIS 100 BEACH RD, #803E TEQUESTA, FL 33469

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other information empowered.

SIGNATURE:  **Eric Marziali, President** 1/10/06 860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #