05-14-1999 90009 024 \*\*\*300.00

## 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 # P40360 1. Corporation Name

## THE NASH ENGINEERING COMPANY

Principal Place of Business Mailing Address					T INDITIONS THE DESIGN OF THE		IBII 819H I8PI
9 TREFOIL DRIVE TRUMBULL CT 06611		ATTN: TAX DEPT 9 TREFOIL DRIVE TRUMBULL CT 06611		DO NOT WRITE IN THIS SPACE			
		US			3. Date incorporated or Qualifed		ı
2. Principal P	lace of Business	2a. Mailing Address		•	09/08/1992 4. FEI Number	Apı	plied For
21		26			06-0463480	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of otation position	Fee Re	<u> </u>	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent	<del></del>
TLIC	PRENTICE-HALL CORPORATION	N SYSTEM INC	01				
	HAYS STREET	i ototem, iito.	82	Street A	ddress (P.O. Box Number is Not Acceptable	)	
	E 105		83				
TALL	AHASSEE FL 32301		94	Oit.		85 Zip C	
			84	City		FL	
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was auth	horized by	the corbor	corporation submits this statement for the pur ration's board of directors. I hereby accept th	pose of changing its e appointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title disonlicable (NOTE: R	edistered Agen	t signature rec	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VT	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAME	HAYES, JOHN M		12 NAME	İ			
STREET ADDRESS	2301 DAIII1 000111		1.3 STREET	1			
CITY-ST-ZIP	TOTAL CONTRACTOR OF THE CONTRA		1.4 CITY-S1	r-ZIP		☐ Change	Addition
TITLE			2.1 TITLE 2.2 NAME	1		[_] aa	
NAME	HUNDERSON, MARK II		2.3 STREET	ADDRESS			
STREET ADDRESS	13 300111 SINLE1		2.4 CITY-S				
CITY-ST-ZIP TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	`		3.2 NAME				
STREET ADDRESS	I = , , , , , , , , , , , , , , , , , ,		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			<b>****</b>
πιε	V		4.1 TITLE		Controller	☐ Change	Addition
NAME	EASTMAN, JAMES A.		4.2 NAME		beorge L. Walter 45 Harvest Lane		
STREET ADDRESS	,		4.3 STREET		45 Harvest Lane		
CITY-ST-ZIP	WILTON CT	☐ DELETE	4.4 CITY-S	T-ZIP	Milford, CT 06460	☐ Change	Addition
TITLE		(1) netere	5.1 TITLE 5.2 NAME		Vice President		<b>A</b>
NAME STREET ADDRESS	<b>\</b>				Tolon: Adam P		
JIKEE AUUKESS	i		5.3 STREET	ADDRESS	Taloni, Adam R.		
)			5.3 STREET	- 1	115 Housetonic Drive		
CITY-ST-ZIP		☐ DELETE		- 1	115 Housetonic Drive Milford CT 06460	☐ Change	Addition
)		☐ DELETE	5.4 CfTY-S	- 1	115 Housetonic Drive	☐ Change	Addition

63 STREET ADDRESS
63 TV Key H; II Rd. So,
64 CITY-ST-ZIP
West pert CT 06880

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:

CITY-ST-ZIP

203) 459-3640

DEPT. TAX