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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000058328

1. Corporation Name
HUBBELL BOEING DEVELOPMENT CORPORATION

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-08-94
3a. Date of Last Report:

2. Principal Place of Business
21 16020 SUNSET STRIP

2a. Mailing Address
26 995 JACKSON PIKE

4. FEI Number: 65-0570223 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt #, etc.
27

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

City & State
23 FORT MYERS, FL

City & State
28 GALLIPOLIS, OH

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

Zip / Country
24 33908 25 USA

Zip / Country
29 45631 30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

MARY VLASAK-SNELL, ESQ.
1833 HENDRY STREET
FORT MYERS, FL 33902

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, typed or printed 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	President, Secretary, Treas	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID K. SMITH	1.2 NAME	400001 486854
STREET ADDRESS	995 JACKSON PIKE	1.3 STREET ADDRESS	-05/15/95--01001--007
CITY-ST-ZIP	GALLIPOLIS, OH 45631	1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	Vice-President	2.1 TITLE	☐ Change ☐ Addition
NAME	JORGEN JORGENSEN	2.2 NAME	
STREET ADDRESS	16020 SUNSET STRIP	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: David K Smith 4/29/95 614-446 3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CD1

Form AR 1 (1994)