

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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT 1997



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

DOCUMENT # P94000088939 (1)
 1. Corporation Name
ELECTROSTAR, INC.



Principal Place of Business Mailing Address
2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133
2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133-5448

3. Date Incorporated or Qualified **12/08/1994** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **One Tyco Park** 26 **One Tyco Park**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Exeter, NH** 27 **Exeter, NH**
 City & State City & State
 23 **03833** 25 Country 28 **03833** 30 Country
 Zip Zip

4. FEI Number **65-0539991** 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
KLEIN, PETER W
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name **C T Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
 83
 84 City **Plantation** FL 85 Zip Code **33324**

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, who hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **C T Corporation System** Registered Agent *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROCKWAY, PETER C	
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, PETER W	
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, MICHAEL E	
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALDER, KENTON K.	
STREET ADDRESS	710 N 800 WEST	
CITY-ST-ZIP	LOGAN UT	
TITLE	DTVP	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, F.G. LINDSAY	
STREET ADDRESS	710 N 800 W	
CITY-ST-ZIP	LOGAN UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYER, JOHN	
STREET ADDRESS	339 S ISIS AVE	
CITY-ST-ZIP	INGLEWOOD CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Dennis Kozlowski	
1.3 STREET ADDRESS	167 Little Harbor Road	
1.4 CITY-ST-ZIP	Newcastle, NH 03854	
2.1 TITLE	VP VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John J. Guarnieri	
2.3 STREET ADDRESS	51 Rutherford Road	
2.4 CITY-ST-ZIP	Chelmsford, MA 01824	
3.1 TITLE	SEC S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	M. Brian Moroze	
3.3 STREET ADDRESS	34 Pine Street	
3.4 CITY-ST-ZIP	Exeter, NH 03833	
4.1 TITLE	TRES T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara S. Miller	
4.3 STREET ADDRESS	135B Market Street	
4.4 CITY-ST-ZIP	Portsmouth, NH 03801	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

[Handwritten: BK dep 165.00]

14. I do 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.

CR2E034 (9/96)