

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840663

Entity Name: FLETCHER-THOMPSON, INC.**Current Principal Place of Business:**THREE CORPORATE DRIVE
SUITE 500
SHELTON, CT 06484**Current Mailing Address:**THREE CORPORATE DRIVE
SUITE 500
SHELTON, CT 06484**FEI Number:** 06-0349730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONROE, W. BRADLEY
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	BEAUDIN, JAMES A
Address	4884 HAMPSHIRE COURT UNIT 301
City-State-Zip:	NAPLES FL 34112

Title	S
Name	OLIVETO, JOHN C
Address	20 FAIRLAWN DRIVE
City-State-Zip:	WALLINGFORD CT 06482

Title	P, T
Name	MARCINEK, MICHAEL S
Address	6 DAHLIA LANE
City-State-Zip:	SEYMOUR CT 06483

Title	V
Name	SZEKER, HERMAN
Address	56 PRINCESS WENONAH DRIVE
City-State-Zip:	SHELTON CT 06484

Title	V
Name	BAUR, KURT
Address	65 SOUTHFIELD ROAD
City-State-Zip:	PRINCETON JUNCTION NJ 08550

Title	VP
Name	VOELKER, RICHARD K
Address	THREE CORPORATE DRIVE SUITE 500
City-State-Zip:	SHELTON CT 06484

Title	VP
Name	CASINELLI, DANIEL L
Address	THREE CORPORATE DRIVE SUITE 500
City-State-Zip:	SHELTON CT 06484

Title	VP
Name	MCPAHAN, CHRISTOPHER
Address	345 SEVENTH AVENUE SUITE 15N
City-State-Zip:	NEW YORK NY 10001

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. MARCINEK**PRESIDENT****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name CURLEY, WALTER P
Address 345 SEVENTH AVENUE
SUITE 15N
City-State-Zip: NEW YORK NY 10001

Title VP
Name CLEGG, WILLIAM
Address 160 TRUMBULL STREET
4TH FLOOR
City-State-Zip: HARTFORD CT 06103