

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002719

Entity Name: THE WIREMOLD COMPANY**Current Principal Place of Business:**60 WOODLAWN STREET
WEST HARTFORD, CT 06110**Current Mailing Address:**60 WOODLAWN STREET
WEST HARTFORD, CT 06110 US**FEI Number:** 06-0593670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	DIBELLA, BRIAN
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

Title	SECRETARY
Name	SNEH, VIRDI
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

Title	TREASURER
Name	LAPERRIERE, JAMES
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

Title	DIRECTOR
Name	SELLDORFF, JOHN
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

Title	DIRECTOR
Name	BUREL, ANTOINE
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

Title	DIRECTOR
Name	BEUGIN, DAVID
Address	60 WOODLAWN STREET
City-State-Zip:	WEST HARTFORD CT 06110

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: JAMES LAPERRIERE**TREASURER****04/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date