

**2020 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            DIRECTOR  
Name            BEUGIN, DAVID  
Address        60 WOODLAWN STREET  
City-State-Zip: WEST HARTFORD CT 06110

Title            VP  
Name            SCHNEIDER, STEVE  
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            LEMERY, FRANCK  
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

*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****04/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date