

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003191

Entity Name: FIBEROPTICS TECHNOLOGY, INC.**Current Principal Place of Business:**1 QUASSETT ROAD
POMFRET, CT 06258**Current Mailing Address:**P.O. BOX 286
POMFRET, CT 06258**FEI Number: 06-0965547****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DOWLING, JOAHN E
4000 DOMESTIC AVE.
NAPLES, FL 34104 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	KNOWLTON, KEITH L
Address	PO BOX 286, 1 QUASSETT RD
City-State-Zip:	POMFRET CT 06258

Title	D
Name	DOWLING, JOAHN E
Address	12611 HUNTER'S LAKES CT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	D
Name	KNOWLTON, ELAINE
Address	1 QUASSETT RD PO BOX 286
City-State-Zip:	POMFRET CT 06258

Title	T
Name	GRISWOLD, RICHARD J
Address	1 QUASSETT RD PO BOX 286
City-State-Zip:	POMFRET CT 06258

Title	D
Name	LOOS, JOAN T
Address	3111 GREEN DOLPHIN LANE
City-State-Zip:	NAPLES FL 34102

Title	D
Name	BAILEY, WILLIAM FJR
Address	96 PROSPECT STREET
City-State-Zip:	WOODSTOCK CT 06281

Title	DIRECTOR
Name	LOOS, WILLIAM T
Address	1 QUASSETT ROAD
City-State-Zip:	POMFRET CT 06258

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: KEITH L. KNOWLTON**OFFICER/DIRECTOR****02/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date