

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P39961

**Entity Name:** SONALYSTS, INC.**Current Principal Place of Business:**215 PARKWAY NORTH  
WATERFORD, CT 06385**Current Mailing Address:**P. O. BOX 280  
215 PARKWAY NORTH  
WATERFORD, CT 06385**FEI Number:** 06-0902362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION  
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:** JORDAN BROWN - C T CORPORATION ASSISTANT SECRETARY

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HINKLE, MURIEL N  
Address 215 PKWY. NORTH  
City-State-Zip: WATERFORD CT

Title PD  
Name STRETTON, MILTON L  
Address 215 PKWY. NORTH  
City-State-Zip: WATERFORD CT

Title CEO, CHAIRMAN  
Name CLARK, LAWRENCE F.  
Address 215 PKWY. NORTH  
City-State-Zip: WATERFORD CT

Title DIRECTOR  
Name TORIELLO, ANDREW  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

Title TREASURER/CFO  
Name FAL, MIROSLAW  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

Title DIRECTOR  
Name HODGE, DONNETTA  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

Title DIRECTOR  
Name MACKIE, A L  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

Title DIRECTOR  
Name LITTY, FREDERICK  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

**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:** MIROSLAW FAL

CFO

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name ROGOFF, DIANE  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385

Title VP  
Name LIBY, GAYLORD H  
Address 823 HAWKSBILL ISLAND DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name JOHNSON, ARNIE  
Address 215 PARKWAY NORTH  
City-State-Zip: WATERFORD CT 06385