

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854553 (5)

1. Corporation Name
HEUBLEIN, INC.



Principal Place of Business

16 MUNSON ROAD
FARMINGTON CT 06032
US

Mailing Address

% TAX DEPT., 430 NEW YORK AVE
P.O. BOX 778
HARTFORD CT 06142-7778
200 SOUTH SIXTH ST
MINNEAPOLIS, MN 55462

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/01/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1067908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and ink if applicable

DATE: Registered Agent signature and ink if applicable

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> DELETE |
|-------|----------------------|---------------------|------------------|-------------------------------------|
| P | FUREK, R. | 45 BELKNAP ROAD | WEST HARTFORD CT | <input type="checkbox"/> |
| VP | WILSON, ALEX | 15 GLENMORE DRIVE | FARMINGTON CT | <input type="checkbox"/> |
| EVP | MOTTERN, CHRISTIPHER | 30 FAIRFIELD CT | SAN MATEO CA | <input type="checkbox"/> |
| VPT | WADDELL, DOUGLAS | 84 THOMPSON RD. | AVON CT | <input checked="" type="checkbox"/> |
| V | LEDREW, FREDERICK J. | 222 STAGECOACH ROAD | AVON CT | <input type="checkbox"/> |
| VPS | SCOTT, DAVID | 25 ANVL DR. | AVON CT | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | 5. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|--------------------|---|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

VPT
LARSON, MARK A
40 NORTHGATE
AVON CT 06001

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.R. JOHNSON 3/27/96 612 330-4915
ASST SEC.

Date

Telephone #

CR2E034 (12/95)