


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90067 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005729**

1. Corporation Name  
**VECTRON LABORATORIES, INC.**

Principal Place of Business 166 GLOVER AVE. NORWALK CT 06856-5160	Mailing Address PO BOX 5160 NORWALK CT 06856-5160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified <b>11/04/1996</b>	4. FEI Number <b>16-1420936</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	POMEROY, JOHN E	
STREET ADDRESS	416 MURRAY HILL RD.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, ROBERT A	
STREET ADDRESS	2613 PINE BLUFF DR.	
CITY-ST-ZIP	VESTAL NY 13850	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDE, TERRENCE W	
STREET ADDRESS	19 COACHMAN LANE	
CITY-ST-ZIP	BETHANY CT 06524-3334	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEPHENS, RONALD D	
STREET ADDRESS	12 MEADOWBROOK RD.	
CITY-ST-ZIP	NEWTON CT 06470	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEBACCO, RONALD	
STREET ADDRESS	228 OVERLOOK AVE.	
CITY-ST-ZIP	BELLEVILLE NJ 07109	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUESSER, ALFRED	
STREET ADDRESS	140 MEADBROOK RD.	
CITY-ST-ZIP	GARDEN CITY NJ 11530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONTROLLER
6.3 STREET ADDRESS	GERARDO A. COORDS
6.4 CITY-ST-ZIP	221 LAKEVIEW DR FAIRFIELD CT 06432

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Gerardo A. Coords **GERARDO A. COORDS** 1/15/99 203-853-4433  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)