2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # 352787 04-21-2005 90225 027 ***150.00 1. Entity Name **DEERFIELD 21 CORPORATION** Principal Place of Business Mailing Address C/O CHASE ENTERPRISE. C/O CHASE ENTERPRISE 280 TRUMBULL ST 24TH FLOOR _280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103 clo chase HARTFORD, CT 06103 Mailing Address Att: K.Tierney Chase Enterprises 2. Principal Place of Business c/oChase Enterprises Suite, Apt. #, etc. Goodwin Square Suite, Apt. #, etc. Goodwin Square 03312005 Chg-P CR2E034 (10/03) 225 Asylum St., 29th Fl. 225 Asylum St., 29th Fl. City & State City & State 4. FEI Number Applied For Hartford. Hartford, CT 59-1311294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 06103-1538 06103-1538 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyged or grinted game of registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EVSD TITLE **EVSD** ☐ Delete TITLE XX Change ☐ Addition CHASE, CHERYL A NAME Cheryl A. Chase NAME STREET ADDRESS 280 TRUMBULL ST 24TH FLOOR STREET ADDRESS Goodwin Square, 225 Asylum St., 29th F1. CITY-ST-ZIP HARTFORD, CT 06103 CITY-ST-ZIP Hartford, CT 06103-1538 Delete XX Change TITLE TITLE ☐ Addition PD CHASE, DAVID, T NAME NAME David T. Chase Goodwin Square, 225 Asylum ST., 29th Fl STREET ADDRESS 280 TRUMBULL ST 24TH FLOOR STREET ADDRESS HARTFORD, CT 06103 Hartford, CT 06103-1538 CITY-ST-ZIP CITY-ST-719 TITLE **EVTD** EVTD Change ☐ Delete TITLE ☐ Addition CHASE, ARNOLD L. NAME NAME Arnold L. Chase -280 TRUMBULL ST 24TH FLOOR Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 06103 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP TITLE ☐ Change ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

AMOR GUP SIGNATURE: SIGNATURE AND THE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

549-1674

FILED