

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812387

Entity Name: HOOPER HOLMES, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

170 MT AIRY RD
BASKING RIDGE, NJ 079202022

New Principal Place of Business:

Current Mailing Address:

170 MT AIRY RD
BASKING RIDGE, NJ 079202022

New Mailing Address:

FEI Number: 22-1659359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOLAN JR, JOHN E,
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D () Delete
Name: WIGHT, G. E
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: S () Delete
Name: JEWETT, ROBERT
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 079203

Title: PD () Delete
Name: CALVER, JAMES D
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: VP () Delete
Name: MARONE, JOSEPH A
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: SVPT () Delete
Name: SHEA, MICHAEL J
Address: 170 MOUNT AIRY RD
City-St-Zip: BASKING RIDGE, NJ 07920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SHEA

SVPT

04/25/2008

Electronic Signature of Signing Officer or Director

Date