


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90010 046 \*\*\*150.00

**DOCUMENT # 838762**


1. Entity Name  
**CANDLE CORPORATION OF AMERICA**



Principal Place of Business Mailing Address  
**999 E. TOUHY 1 EAST WEAVER ST**  
**STE 500 GREENWICH, CT 06831 US**  
**DES PLAINES, IL 60018 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number **11-1434610** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**1240 SOUTH PINE ISLAND RD**  
**FORT LAUDERDALE, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KOSMALSKI, STEPHEN	
STREET ADDRESS	999 E TOUHY AVE STE 500	
CITY-ST-ZIP	DES PLAINES, IL 60018	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, BRUCE	
STREET ADDRESS	999 E TOUHY AVE STE 500	
CITY-ST-ZIP	DES PLAINES, IL 60018	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GOERGEN, ROBERT B	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ZIELINSKI, RICHARD	
STREET ADDRESS	999 E TOUHY AVE STE 500	
CITY-ST-ZIP	DES PLAINES, IL 60018	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	NOVINS, MICHAEL S	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARGHAUS, ROBERT H	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH, CT 06831	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** *James F. Casey* **JAN 7 2008** *203 661 1926*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #