

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003458

Entity Name: RLA RECOVERY CORP.

FILED  
Apr 21, 2005  
Secretary of State

**Current Principal Place of Business:**

20 REALTY DRIVE  
CHESHIRE, CT 06410

**New Principal Place of Business:**

**Current Mailing Address:**

20 REALTY DRIVE  
CHESHIRE, CT 06410

**New Mailing Address:**

FEI Number: 06-1619991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: KITSON, ANDREW T  
Address: 20 REALTY DRIVE  
City-St-Zip: CHESHIRE, CT 06410

Title: VS ( ) Delete  
Name: MASCIANA, VINCENT J  
Address: 20 REALTY DRIVE  
City-St-Zip: CHESHIRE, CT 06410

Title: VT ( ) Delete  
Name: KRYSTOPA, ROGER L  
Address: 20 REALTY DRIVE  
City-St-Zip: CHESHIRE, CT 06410

Title: V ( ) Delete  
Name: BROWN, ALAN G  
Address: 20 REALTY DRIVE  
City-St-Zip: CHESHIRE, CT 06410

Title: D ( ) Delete  
Name: HENDEL, GREGORY J  
Address: 20 REALTY DRIVE  
City-St-Zip: CHESHIRE, CT 06410

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROGER J KRYSTOPA

VT

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date