

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004055

FILED
Apr 26, 2007
Secretary of State

Entity Name: CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

12 CHARTER OAK PLACE
HARTFORD, CT 06106

New Principal Place of Business:

Current Mailing Address:

12 CHARTER OAK PLACE
HARTFORD, CT 06106

New Mailing Address:

FEI Number: 22-2619869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GAVIN, MARTIN
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

Title: V () Delete
Name: SCHALL, MARTHA
Address: 12 CHARTER OAK PL
City-St-Zip: HARTFORD, CT 06106

Title: T () Delete
Name: BOISVERT, GERALD J
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

Title: C () Delete
Name: PFAFF, MICHAEL A
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

Title: VC () Delete
Name: SARGENT, ANNE P
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

Title: D () Delete
Name: SHANFIELD, ROBERT
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

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: C (X) Change () Addition
Name: LEWIS, EDWARD
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

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

Title: S (X) Change () Addition
Name: SHANFIELD, ROBERT
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN MORAN LEBLANC

DIR

04/26/2007

Electronic Signature of Signing Officer or Director

Date