2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# F03000004055

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:

282 WASHINGTON STREET
HARTFORD, CT 06106

Current Mailing Address:

12 CHARTER OAK PLACE
HARTFORD, CT 06106

New Mailing Address:

282 WASHINGTON STREET
HARTFORD, CT 06106

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:	LEWIS, EDWARD	
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:	S	( ) 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:	SARGENT, ANNE P	
Address:	282 WASHINGTON ST.	
City-St-Zip:	HARTFORD, CT 06106	
Title:	VC	(X) Change ( ) Addition
Name:	SHANFIELD, ROBERT J	
Address:	282 WASHINGTON ST.	
City-St-Zip:	HARTFORD, CT 06106	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN M LEBLANC DIR 04/18/2008

Electronic Signature of Signing Officer or Director — Date