2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

DOCUMENT# F03000004055

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

Current Principal Place of Business:

282 WASHINGTON STREET
HARTFORD, CT 06106

New Principal Place of Business:

Current Mailing Address:

282 WASHINGTON STREET
HARTFORD, CT 06106

New Mailing Address:

FEI Number: 22-2619869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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
Name: GAVIN, MARTIN
Address: 282 WASHINGTON ST
City-St-Zip: HARTFORD, CT 06106

Title: P
Name: SCHALL, MARTHA
Address: 282 WASHINGTON ST
City-St-Zip: HARTFORD, CT 06106

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

Title: C
Name: SARGENT, ANNE P
Address: 282 WASHINGTON ST
City-St-Zip: HARTFORD, CT 06106

Title: VC
Name: SHANFIELD, ROBERT J
Address: 282 WASHINGTON ST
City-St-Zip: HARTFORD, CT 06106

Title: S
Name: GREENBERG, GLEN R
Address: 282 WASHINGTON ST.
City-St-Zip: HARTFORD, CT 06106

I hereby 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 all other like empowered.

SIGNATURE: MARTHA SCHALL P 03/29/2010

Electronic Signature of Signing Officer or Director — Date