

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000865

FILED
Apr 16, 2008
Secretary of State

Entity Name: LANDMARK FACILITIES GROUP, INC.

Current Principal Place of Business:

252 EAST AVENUE
NORWALK, CT 06855

New Principal Place of Business:

Current Mailing Address:

252 EAST AVENUE
NORWALK, CT 06855

New Mailing Address:

FEI Number: 06-1224120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PC () Delete
Name: CONRAD, ERNEST A
Address: 650 BURR STREET
City-St-Zip: FAIRFIELD, CT 06824

Title: VPVC () Delete
Name: NEWBOLD, THOMAS E
Address: 73 STONELEIGH ROAD
City-St-Zip: TRUMBULL, CT 06611

Title: T () Delete
Name: NEWBOLD, THOMAS E
Address: 73 STONELEIGH ROAD
City-St-Zip: TRUMBULL, CT 06611

Title: S () Delete
Name: RAUTH, GERARD J
Address: 335 PHILLIPS HILL ROAD
City-St-Zip: NEW CITY, NY 10956

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:

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

SIGNATURE: JULIE LEBLANC

_____ Electronic Signature of Signing Officer or Director

BUSM

04/16/2008

_____ Date