2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90316 014 ***150.00

DOCUMENT # P10075

1. Entity Name
PHILIP MORRIS CAPITAL CORPORATION

Principal Place of Business	Mailing Address
225 HIGH RIDGE ROAD 300W STAMFORD, CT 06905 US	225 HIGH RIDGE ROAD 300W STAMFORD, CT 06905 US

03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3103583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MULLIGAN, J JOHN		NAME		
STREET ADDRESS	862 TOWNE HOUS ROAD		STREET ADDRESS	225 High Ridge Rd, 300 West	
CITY-ST-ZIP	FAIRFIELD, CT 06430		CITY-ST-ZIP	~~Stamford, CT 06905~~	
TITLE	SGC	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LEVENE, DOUGLAS B		NAME		
STREET ADDRESS	45 RYDERS LANE		STREET ADDRESS	225 HIgh Ridge Rd, 300West	
CITY-ST-ZIP	WILTON, CT 06897		CITY-ST-ZIP	Stamford, CT 06905	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MCCREA, JAMES C		NAME		
STREET ADDRESS	272 NEWTOWN TURNPIKE		STREET ADDRESS	225 High Ridge Rd, 300West	
CITY-ST-ZIP	WILTON, CT 06897		CITY-ST-ZIP	~~Stamford, CT 06905~~	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RUSSO, ALEX T		NAME		
STREET ADDRESS	419 BELDEN HILL ROAD		STREET ADDRESS	225 High Ridge Rd, 300West	
CITY-ST-ZIP	WILTON, CT 06897		CITY-ST-ZIP	~~STamford, CT 06905~~	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SEAGRIFF, STEVEN P		NAME		
STREET ADDRESS	141 HIGH RIDGE RD		STREET ADDRESS	225 High Ridge Rd, 300West	
CITY-ST-ZIP	RIDGEFIELD, CT 06877		CITY-ST-ZIP	~~Stamford, CT 06905~~	
TITLE	VPFC	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SPERA, JOHN M		NAME		
STREET ADDRESS	12 MIMOSA PLACE		STREET ADDRESS	225 High Ridge Rd, 300West	
CITY-ST-ZIP	RIDGEFIELD, CT 06877		CITY-ST-ZIP	~~STamford, CT 06905~~	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Spera, Vice President & Treasurer — John M. Spera — 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ok to sign
ggd 3/14/06