

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000076984

Entity Name: CONNECTICUT YANKEE ATOMIC POWER COMPANY**Current Principal Place of Business:**362 INJUN HOLLOW ROAD
EAST HAMPTON, CT 06424**Current Mailing Address:**362 INJUN HOLLOW ROAD
EAST HAMPTON, CT 06424**FEI Number: 06-0790937****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HALLBERG, MAUREEN S
13632 MANDARIN CIRCLE
NAPLES, FL 34109 US*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

Officer/Director Detail :

Title	P
Name	NORTON, WAYNE A
Address	362 INJUN HOLLOW RD
City-State-Zip:	EAST HAMPTON CT 06424

Title	SEC
Name	FAY, JOSEPH D
Address	362 INJUN HOLLOW RD
City-State-Zip:	EAST HAMPTON CT 06424

Title	DIRECTOR
Name	ANDERSON, CAROLYN
Address	68-70 MERCHANTS ROW
City-State-Zip:	RUTLAND VT 05701

Title	DIRECTOR
Name	CAFFARY, JAMES
Address	157 CHURCH STREET
City-State-Zip:	NEW HAVEN CT 06510

Title	VP
Name	PIZZELLA, CARLA M
Address	362 INJUN HOLLOW RD
City-State-Zip:	EAST HAMPTON CT 06424

Title	CHAIRMAN
Name	NECCI, RAYMOND
Address	12 TRYON STREET
City-State-Zip:	SOUTH GLASTONBURY CT 06073

Title	DIRECTOR
Name	GREENMAN, FREDERICK
Address	80/0 LITTLE ISLAND ROAD
City-State-Zip:	WEST FALMOUTH MA 02574

Title	DIRECTOR
Name	GRIFFIN, TIMOTHY
Address	107 SELDON STREET
City-State-Zip:	BERLIN CT 06037

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

SIGNATURE: CARLA PIZZELLA**VP, CFO & TREASURER****02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BYRNE, ANDREW
Address 40 SYLVAN ROAD
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name POULIN, GERALD
Address 5681 WHISPERING OAKS DRIVE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name MCKAY, DUNCAN
Address 107 SELDON STREET
City-State-Zip: BERLIN CT 06037

Title DIRECTOR
Name VAUGHN, JOHN
Address 100 EAST OLD COUNTY ROAD
City-State-Zip: HICKSVILLE NY 11801