

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001681

**Entity Name:** INFINEX INVESTMENTS, INC.**Current Principal Place of Business:**538 PRESTON AVE.  
MERIDEN, CT 06450-4858**Current Mailing Address:**538 PRESTON AVE.  
MERIDEN, CT 06450-4858**FEI Number: 06-1367288****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C  
Name NOONAN, GERALD M  
Address 167 KINGSWOOD DRIVE  
City-State-Zip: NAUGATUCK CT 06770

Title D  
Name YANARELLA, MARK C  
Address 251 CHURCH STREET  
City-State-Zip: NAUGATUCK CT 06770

Title P  
Name AMARANTE, STEPHEN P  
Address 538 PRESTON AVENUE  
City-State-Zip: MERIDEN CT 06450-4858

Title COO  
Name CUMMINGS, WILLIAM F  
Address 538 PRESTON AVENUE  
City-State-Zip: MERIDEN CT 06450-4858

Title V  
Name FORTE, DANIEL J  
Address 73 TREMONT ST., SUITE 306  
City-State-Zip: BOSTON MA 02108-3906

Title D  
Name MARTOCCI, JOHN J  
Address 4 PINNACLE DRIVE  
City-State-Zip: NEWTOWN CT 06470-0497

Title V  
Name MARTIN, JOHN FJR.  
Address 538 PRESTON AVENUE  
City-State-Zip: MERIDEN CT 06450-4858

Title SECRETARY  
Name PINKHAM, LINDSEY R.  
Address 10 WATERSIDE DRIVE  
City-State-Zip: FARMINGTON CT 06032

**Continues on page 2**

*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: JOHN F. MARTIN, JR.****VICE PRESIDENT****01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BROUILLARD, RHEO A.  
Address 803 MAIN STREET  
City-State-Zip: WILLIMANTIC CT 06226

Title DIRECTOR  
Name EAGAN, JAMES D.  
Address 21 BARSTOW DRIVE  
City-State-Zip: BRAINTREE MA 02184

Title DIRECTOR  
Name PAQUETTE, CHARLES B.  
Address 31 SOUTH SHORE ROAD  
City-State-Zip: SPOFFORD NH 03462-4614

Title DIRECTOR  
Name SMITH, GARY C.  
Address 150 DANBURY ROAD  
City-State-Zip: RIDGEFIELD CT 06877

Title DIRECTOR  
Name WEISSENRIEDER, BENEDICT  
Address 7 WEST STIMSON AVENUE  
City-State-Zip: ATHENS OH 45701

Title SVP/CCO  
Name COONEY, JOHN  
Address 538 PRESTON AVE.  
City-State-Zip: MERIDEN CT 06450-4858

Title DIRECTOR  
Name BOUCHER, JOHN C.  
Address 1530 MAIN STREET  
City-State-Zip: SOUTH WEYMOUTH MA 02190

Title DIRECTOR  
Name MILLER, CALVIN R.  
Address P.O. BOX 36  
City-State-Zip: WOODSBORO MD 21798-0036

Title DIRECTOR  
Name SHEARIN, JOE A.  
Address 330 HOSPITAL ROAD  
City-State-Zip: TAPPAHANNOCK VA 22560

Title DIRECTOR  
Name WATTS, ROBERT G.  
Address 4222 COX ROAD  
2ND FLOOR  
City-State-Zip: GLEN ALLEN VA 23060

Title SVP/CFO  
Name GOZ, MARGARET  
Address 538 PRESTON AVE.  
City-State-Zip: MERIDEN CT 06450-4858