

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90144 017 ***150.00

DOCUMENT # 812387

1. Entity Name
HOOPER HOLMES, INC.



Principal Place of Business
170 MT AIRY RD
BASKING RIDGE, NJ 07920-2022

Mailing Address
170 MT AIRY RD
BASKING RIDGE, NJ 07920-2022

40001434



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1659359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOLAN JR, JOHN E
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	D
NAME	WIGHT, G. E
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	S
NAME	JEWETT, ROBERT
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	T
NAME	LASH, FRED
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	PDC
NAME	MCNAMEE, JAMES M
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	VP
NAME	MARONE, JOSEPH A
STREET ADDRESS	170 MOUNT AIRY RD
CITY-ST-ZIP	BASKING RIDGE, NJ 07920

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Marone
V.P./Controller

4/29/05

Date

(906) 913-3266

Daytime Phone #