

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90853 012 \*\*\*150.00

|   |                          |   |   |   |  |
|---|--------------------------|---|---|---|--|
| DOCUMENT # 812387   |                          |   |   |  |  |
| 1. Entity Name<br>HOOPER HOLMES, INC.   |                          |   |   |   |  |
| Principal Place of Business<br>170 MT AIRY RD<br>BASKING RIDGE, NJ 07920-2022   |                          | Mailing Address<br>170 MT AIRY RD<br>BASKING RIDGE, NJ 07920-2022               |   |   |  |
| 2. Principal Place of Business - No PO Box #  |                          | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                          | City & State  |   |   |  |
| Zip   | Country                  | Zip   | Country   | 04242007  | Chg-P CR2E034 (12/06)  |
| 4. FEI Number<br>22-1659359   |                          |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                          |   | 7. Name and Address of New Registered Agent           |   |  |
| PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYES ST, STE 105<br>TALLAHASSEE, FL 32301   |                          |   | 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)</small> DATE _____   |                          |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>   |                          | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |                          |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE   | D                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |
| NAME  | NOLAN JR, JOHN E         |   | NAME  |   |  |
| STREET ADDRESS  | 170 MOUNT AIRY RD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BASKING RIDGE, NJ 07920  |   | CITY-ST-ZIP   |   |  |
| TITLE   | D                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |
| NAME  | WIGHT, G. E              |   | NAME  |   |  |
| STREET ADDRESS  | 170 MOUNT AIRY RD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BASKING RIDGE, NJ 07920  |   | CITY-ST-ZIP   |   |  |
| TITLE   | S                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |
| NAME  | JEWETT, ROBERT           |   | NAME  |   |  |
| STREET ADDRESS  | 170 MOUNT AIRY RD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BASKING RIDGE, NJ 079203 |   | CITY-ST-ZIP   |   |  |
| TITLE   | PD                       | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition  |
| NAME  | CALVER, JAMES D          |   | NAME  |   |  |
| STREET ADDRESS  | 170 MOUNT AIRY RD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BASKING RIDGE, NJ 07920  |   | CITY-ST-ZIP   |   |  |
| TITLE   | VPT                      | <input type="checkbox"/> Delete   | TITLE   | VP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MARONE, JOSEPH A         |   | NAME  |   |  |
| STREET ADDRESS  | 170 MOUNT AIRY RD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | BASKING RIDGE, NJ 07920  |   | CITY-ST-ZIP   |   |  |
| TITLE   |                          | <input type="checkbox"/> Delete   | TITLE   | SVPT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |                          |   | NAME  | SHEA, MICHAEL J   |  |
| STREET ADDRESS  |                          |   | STREET ADDRESS  | 170 MOUNT AIRY RD   |  |
| CITY-ST-ZIP   |                          |   | CITY-ST-ZIP   | BASKING RIDGE, NJ 07920   |  |
| 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 reports 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 addendum with all other like empowered. |                          |   |   |   |  |
| SIGNATURE: _____  |                          | Vice President & Controller   |   | 4/27/07 (904) 953-3264  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          | Date  |   | Daytime Phone #   |  |

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