


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 815223</b>	
1. Entity Name <b>LANE CONSTRUCTION CORPORATION THE</b>	

Principal Place of Business <b>965 E MAIN ST MERIDEN, CT 06450-6004 US</b>	Mailing Address <b>965 E MAIN ST MERIDEN, CT 06450-6004 US</b>
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01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-0421150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS <i>Schedules</i>	
TITLE	D
NAME	WETMORE, B.F.
STREET ADDRESS	1210 KENSINGTON RD.
CITY-ST-ZIP	KENSINGTON, CT 06037
TITLE	D
NAME	STAPLETON, R.D.
STREET ADDRESS	36 LINDEN SHORES
CITY-ST-ZIP	BRANFORD, CT 06405
TITLE	EVD
NAME	CROSS, D.M.
STREET ADDRESS	66 HERITAGE DRIVE
CITY-ST-ZIP	KENSINGTON, CT 06037
TITLE	V
NAME	DOBBS, D.P.
STREET ADDRESS	1345 NOTCH RD.
CITY-ST-ZIP	CHESHIRE, CT 06410
TITLE	VTAS
NAME	JAYNE G. MATHER
STREET ADDRESS	198 MAIN STREET
CITY-ST-ZIP	DEEP RIVER, CT 06417
TITLE	P
NAME	ALGER, R.E.
STREET ADDRESS	45 NOTTINGHAM RIDGE
CITY-ST-ZIP	AVON, CT 06001

UD0000390975  
01/24/06-80022-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Ann M. Falsey **Ann M. Falsey, Assistant Secretary 1/13/06 (203)235-3351**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #