

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816740

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: THE COMMONWEALTH PLAN, INC.

## Current Principal Place of Business:

450 MAMARONECK AVE  
HARRISON, NY 10528 US

## New Principal Place of Business:

## Current Mailing Address:

3800 CITIBANK CTR G2-18  
TAMPA, FL 33610

## New Mailing Address:

P.O. BOX 30509  
TAX & REPORTING  
TAMPA, FL 33610 US

FEI Number: 04-2261536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOHIDEEN-PLUMMER, WAHIDA  
Address: 388 GREENWICH  
City-St-Zip: NEW YORK, NY 10013

Title: T ( ) Delete  
Name: HALL, BRUCE  
Address: 450 MAMARONECK AVE  
City-St-Zip: HARRISON, NY 10528

Title: VP ( ) Delete  
Name: CARRAVONE, MICHAEL F  
Address: 450 MAMARONECK AVENUE  
City-St-Zip: HARRISON, NY 10528

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GAUCH, ROBERT J  
Address: 750 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901

Title: EVP (X) Change ( ) Addition  
Name: MCKENNA, JOHN A  
Address: 750 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901

Title: VP (X) Change ( ) Addition  
Name: HOFFMAN, LISA  
Address: 3800 CITIGROUP CENTER DRIVE  
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Change (X) Addition  
Name: LYLES, JR., EUGENE D  
Address: 2800 S. TEXAS AVE  
City-St-Zip: BRYAN, TX 77802

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date