2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#831745

Entity Name: ESSEX GROUP, INC

FILED Mar 21, 2006 Secretary of State

Littly Nan	ile. LOOLA	SROUP, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1601 WALI P.O.BOX 1 FT WAYNE							
Current M	ailing Addre	ss:	New Mail	New Mailing Address:			
1601 WALI P.O.BOX 1 FT WAYNE							
FEI Number:	35-1313928	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ())	
Name and	Address of (Current Registered Agent:	Name and	d Address of N	New Registered Agent:		
1200 SOU ⁻	ORATION SY TH PINE ISLA ON, FL 3332	ND ROAD					
The above in the State		submits this statement for the pu	urpose of changing	its registered o	office or registered agent, or b	oth,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ager	nt		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGES	TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	ALDRIDGE, D	TE NORTH PARKWAY SUITE 250	Title: Name: Address: City-St-Zip:	ALDRIDGE, DA 150 INTERSTA	TE NORTH PARKWAY		
Title: Name: Address: City-St-Zip:	PD (JACK, H PATR 1601 WALL ST FORT WAYNE	REET	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	DEEDY, JR, JI	TE NORTH PARKWAY SUITE 250	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	CARTER, STE	TE NORTH PARKWAY SUITE 250	Title: Name: Address: City-St-Zip:	CARTER, STEI	TE NORTH PARKWAY		
Title: Name: Address: City-St-Zip:	GILLELAND, T	TE NORTH PKWY., STE. 110	Title: Name: Address: City-St-Zip:	GILLELAND, T	TE NORTH PARKWAY		
Title: Name: Address: City-St-Zip:	SCS (X PETT, DOUGL 1601 WALL ST FORT WAYNE	REET	Title: Name: Address: City-St-Zip:	() Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: H. PATRICK JACK PD 03/21/2006