2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# 856068

Entity Name: CALMA COMPANY

Current Principal Place of Business:

P.O. BOX 2216
SCHENECTADY, NY 123012216

New Principal Place of Business:

120 LONG RIDGE ROAD
STAMFORD, CT 06927

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123012216

New Mailing Address:

FEI Number: 06-1037612 **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:	D	(X) Delete
Name:	AMEEN, PHILIP D	
Address:	3135 EASTON TURNPIKE	
City-St-Zip:	FAIRFIELD, CT 06828	
Title:	SVP	(X) Delete
Name:	IANONNE, MALVINA	
Address:	120 LONG RIDGE RD	
City-St-Zip:	STAMFORD, CT 069270001	
Title:	TVP	(X) Delete
Name:	MINER, MARCEL	
Address:	3135 EASTON TURNPIKE	
City-St-Zip:	FAIRFIELD, CT 06828	
Title:	D	(X) Delete
Name:	SAMUELS, JOHN M	
Address:	3135 EASTON TURNPIKE	
City-St-Zip:	FAIRFIELD, CT 06828	
Title:	P	( ) Delete
Name:	FITZSIMONS, SHANE	
Address:	3135 EASTON TURNPIKE	
City-St-Zip:	FAIRFIELD, CT 06828	
Title:	VAT	( ) Delete
Name:	CAMERON, BARBARA A	
Address:	12 CORPORATE WOODS BLVD	
City-St-Zip:	ALBANY, NY 12211	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BUNT, JAMES	
Address:	3135 EASTON TURNPIKE	
City-St-Zip:	FAIRFIELD, CT 06431	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: BARBARA CAMERON VAT 04/14/2008

Electronic Signature of Signing Officer or Director — Date