

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003413

1. Entity Name

MATRIX INVESTMENT CORPORATION



Principal Place of Business

801 POQUONNOCK RD
GROTON, CT 06340

Mailing Address

PO BOX 829
GROTON, CT 06340



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1492173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000133493
04/27/04-80090-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON-OCTEAU, JENNIFER
STREET ADDRESS	801 POQUONNOCK RD
CITY-ST-ZIP	GROTON, CT 06340
TITLE	SC
NAME	JOHNSON, G. THOMAS
STREET ADDRESS	801 POQUONNOCK RD
CITY-ST-ZIP	GROTON, CT 06340
TITLE	T
NAME	JOHNSON, MARY
STREET ADDRESS	801 POQUONNOCK RD
CITY-ST-ZIP	GROTON, CT 06340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Thomas Johnson, CEO/Sec.

Date

Daytime Phone #

March 04 (860) 449-8916