


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

*Rolly*  
**FILED**  
Feb 21, 2004 08:00 AM  
Secretary of State

RECEIVED  
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OF SACRAMENT  
2004 FEB - 6 AM 10:19

DOCUMENT # F03000001313 1. Entity Name THE CLAYTON GRP., INC.	
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Principal Place of Business 2 CORPORATE DRIVE SHELTON, CT 06484	Mailing Address 2 CORPORATE DRIVE SHELTON, CT 06484
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3769059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LAMANDO, STEPHEN M 2 CORPORATE DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, BRIAN C 2 CORPORATE DRIVE SHELTON, CT 06484
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02/23/04-80045-016 150.00

**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)(f), 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: *Brian C. Newman* 1/6/04 (203) 926-5655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #