2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# F03000002961

Entity Name: CARABETTA MANAGEMENT CO.

Current Principal Place of Business:

200 PRATT ST
FAIRFIELD, CT 06430

New Principal Place of Business:

200 PRATT ST
MERIDEN, CT 06450

Current Mailing Address:

7604 TECHNOLOGY WAY STE 300
DENVER, CO 80237

New Mailing Address:

200 PRATT ST
MERIDEN, CT 06450

FEI Number: 06-1098565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: DST ( ) Delete
Name: CARABETTA, JOSEPH F
Address: 200 PRATT ST.
City-St-Zip: MERIDEN, CT 06450

Title: P ( ) Delete
Name: CARABETTA, SALVATORE P
Address: 200 PRATT ST.
City-St-Zip: MERIDEN, CT 06450

Title: VP ( ) Delete
Name: CARABETTA, RALPH
Address: 200 PRATT ST.
City-St-Zip: MERIDEN, CT 06450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CARABETTA, JOSEPH F JR
Address: 200 PRATT ST.
City-St-Zip: MERIDEN, CT 06450

Title: VP (X) Change ( ) Addition
Name: CARABETTA, SALVATORE R
Address: 200 PRATT ST.
City-St-Zip: MERIDEN, CT 06450

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: SALVATORE R. CARABETTA VP 06/04/2009

Electronic Signature of Signing Officer or Director — Date