

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000005646

1. Entity Name

THE MANAGING AGENCY GROUP, INC.



Principal Place of Business

**ONE ENTERPRISE DRIVE, SUITE 210
SHELTON, CT 06484**

Mailing Address

**ONE ENTERPRISE DRIVE, SUITE 210
SHELTON, CT 06484**



02012008

No Chg-P

CR2E034 (11/05)

4. FEI Number

06-1495185

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

0000000829792
02/26/08-80056-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TEESE, ROGER D
STREET ADDRESS	40 MAIN ST STE 500
CITY-ST-ZIP	BURLINGTON, VT 05401
TITLE	V
NAME	FALANGA, TIMOTHY J
STREET ADDRESS	ONE ENTERPRISE DRIVE, SUITE 210
CITY-ST-ZIP	SHELTON, CT 06484
TITLE	SD
NAME	SMITH, WALTER L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	D
NAME	TEESE, ROGER D
STREET ADDRESS	40 MAIN ST, STE 500
CITY-ST-ZIP	BURLINGTON, VT 05401
TITLE	D
NAME	FALANGA, TIMOTHY J
STREET ADDRESS	ONE ENTERPRISE DR, STE 210
CITY-ST-ZIP	SHELTON, CT 06484
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/08 (203) 924-2994