

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003047

FILED
Apr 03, 2008
Secretary of State

Entity Name: CLAYTON SERVICES GROUP, INC

Current Principal Place of Business:

2 CORPORATE DR.
SHELTON, CT 06484

New Principal Place of Business:

2 CORPORATE DR.
ATTN: TAX DEPARTMENT
SHELTON, CT 06484

Current Mailing Address:

2 CORPORATE DR.
SHELTON, CT 06484

New Mailing Address:

2 CORPORATE DR.
ATTN: TAX DEPARTMENT
SHELTON, CT 06484

FEI Number: 75-3161447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: FILIPPS, FRANK P
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: SD () Delete
Name: COHEN, STEVEN L
Address: 2 CORPORATE DRIVE
City-St-Zip: SHELTON, CT 06484

Title: TASD () Delete
Name: HERBST, FREDERICK C
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: () Delete
Name:
Address:
City-St-Zip:

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: CEO () Change (X) Addition
Name: JOHNSON, KEITH D
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

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: STEVEN COHEN

VP/S

04/03/2008

Electronic Signature of Signing Officer or Director

Date