

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004152

Entity Name: R.C. KNOX AND COMPANY, INC.

FILED  
Feb 06, 2009  
Secretary of State

## Current Principal Place of Business:

ONE GOODWIN SQUARE  
HARTFORD, CT 061074305

## New Principal Place of Business:

## Current Mailing Address:

ONE GOODWIN SQUARE  
HARTFORD, CT 061074305

## New Mailing Address:

ONE GOODWIN SQUARE  
HARTFORD, CT 061034305

FEI Number: 06-0991952

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: PD ( ) Delete  
Name: BYRNES, JOHN F  
Address: ONE GOODWIN SQ  
City-St-Zip: HARTFORD, CT 06103

Title: V ( ) Delete  
Name: COOKE, EDWARD J  
Address: ONE GOODWIN SQ  
City-St-Zip: HARTFORD, CT 06103

Title: T ( ) Delete  
Name: KALBACHER, JOHN J  
Address: ONE GOODWIN SQ  
City-St-Zip: HARTFORD, CT 06103

Title: SD ( ) Delete  
Name: SMULLEN, HAROLD A JR  
Address: ONE GOODWIN SQ  
City-St-Zip: HARTFORD, CT 06103

Title: D ( ) Delete  
Name: SANDBERG, LOUISE  
Address: 850 MAIN ST  
City-St-Zip: BRIDGEPORT, CT 06604

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: SMULLEN, HAROLD A JR  
Address: ONE GOODWIN SQUARE  
City-St-Zip: HARTFORD, CT 06103

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: VD ( ) Change (X) Addition  
Name: TRAUTMANN, ROBERT  
Address: 850 MAIN ST  
City-St-Zip: BRIDGEPORT, CT 06604

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: JOHN F. BYRNES

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date