

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004515

Entity Name: WATSON HOLDINGS, INC.

FILED  
Mar 19, 2008  
Secretary of State

## Current Principal Place of Business:

301 HEFFERNAN DRIVE  
WEST HAVEN, CT 06516

## New Principal Place of Business:

## Current Mailing Address:

301 HEFFERNAN DRIVE  
WEST HAVEN, CT 06516

## New Mailing Address:

FEI Number: 20-1405237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAYEWITZ, ALAN  
3500 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

HENDRIX, GERALD  
1539 ELF STONE DR  
CASSELBERRY, FL 32707 US

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: GERALD HENDRIX

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WATSON, JAMES  
Address: 23 SCATTERGOOD ROAD  
City-St-Zip: TRUMBULL, CT 06611

Title: VPVC ( ) Delete  
Name: WATSON, GAVIN  
Address: 70 CRESCENT DRIVE  
City-St-Zip: RIDGEFIELD, CT 06877

Title: P ( ) Delete  
Name: HOLLUMS, MOIRA  
Address: 690 MULBERRY POINT ROAD  
City-St-Zip: GUILFORD, CT 06437

Title: VP ( ) Delete  
Name: WATSON, MARY  
Address: 660 ER 340  
City-St-Zip: PARACHUTE, CO 81635

Title: S ( ) Delete  
Name: KIERRAM, VINCENT  
Address: 90 PAMMINGSTATION RD  
City-St-Zip: RIDGEFIELD, CT 06817

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

Title: S (X) Change ( ) Addition  
Name: KIERRAM, VINCENT  
Address: 90 PUMPINGSTATION RD  
City-St-Zip: RIDGEFIELD, CT 06817

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: MOIRA WATSON

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date