

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004515

Entity Name: WATSON HOLDINGS, INC.

FILED
Mar 23, 2009
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:

HENDRIX, GERALD
1539 ELF STONE DR
CASSELBERRY, FL 32707 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: 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 PUMPINGSTATION 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: () Change () Addition
Name:
Address:
City-St-Zip:

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 HOLLUMS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date