

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 14, 2008  
Secretary of State

DOCUMENT# F06000001636

Entity Name: MAILROOM HOLDING, INC.

## Current Principal Place of Business:

ATTN: TAX DEPT.  
19 FOREST PKWY  
SHELTON, CT 06484

## New Principal Place of Business:

ATTN: TAX DEPT.  
478 WHEELERS FARMS RD  
MILFORD, CT 06461

## Current Mailing Address:

ATTN: TAX DEPT.  
19 FOREST PKWY  
SHELTON, CT 06484

## New Mailing Address:

ATTN: TAX DEPT.  
478 WHEELERS FARMS RD  
MILFORD, CT 06461

FEI Number: 35-2175001

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: DP ( ) Delete  
Name: NANGLE, PATRICK  
Address: 42 TUDOR LANE  
City-St-Zip: TRUMBULL, CT 06611

Title: V ( ) Delete  
Name: BONASSAR, JOSEPH  
Address: 26 WINDING BROOK LANE  
City-St-Zip: WALLINGFORD, CT 06492

Title: S ( ) Delete  
Name: SHANKLE, KIRK  
Address: 15 GAYLORD CT  
City-St-Zip: SAN CARLOS, CA 940704453

Title: T ( ) Delete  
Name: CRUDO, FRANK  
Address: 17 MISTY VALE ROAD  
City-St-Zip: SANDY HOOK, CT 06482

Title: D ( ) Delete  
Name: BOURRIGEAUD, BERNARD  
Address: 19 FOREST PKWY.  
City-St-Zip: SHELTON, CT 06484

Title: D ( ) Delete  
Name: VILLOT, JEAN-PAUL  
Address: 19 FOREST PKWY.  
City-St-Zip: SHELTON, CT 06484

## 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:

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: FRANK CRUDO

CFO

02/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date