

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F06000003449

1. Entity Name
CRIMINAL JUSTICE INSTITUTE, INC.



Principal Place of Business
213 COURT STREET SUITE 606
MIDDLETOWN, CT 06457

Mailing Address
213 COURT STREET SUITE 606
MIDDLETOWN, CT 06457



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2926247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MICKEY, WENDY
C/O HDR ARCHITECTURE, INC.
2202 NORTH WESTSHORE BLVD SUITE 250
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRIFFIN, GARY 103 OAKDALE AVE GREER, SC 29651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMP, GEORGE M 1200 WASHINGTON ST MIDDLETOWN, CT 06457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAMP, CAMILLE G 1200 WASHINGTON ST MIDDLETOWN, CT 06457
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80065-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

Date

860-704-6400

Daytime Phone #