

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004667

FILED
Jun 24, 2009
Secretary of State

Entity Name: WATERFORD HOTEL GROUP, INC.

Current Principal Place of Business:

914 HARTFORD TURNPIKE
WATERFORD, CT 06385

New Principal Place of Business:

Current Mailing Address:

PO BOX 715
WATERFORD, CT 06385

New Mailing Address:

FEI Number: 06-1117701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: WOLMAN, LEN
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

Title: DVPS () Delete
Name: SLAVIK, STEPHAN
Address: 32500 TELEGRAPH ROAD STE 222
City-St-Zip: BINGHAM FARMS, MI 48025

Title: DPT () Delete
Name: WINCHESTER, ROBERT
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

Title: DP () Delete
Name: BICKHARDT, TERRENCE
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

Title: COO (X) Delete
Name: BICKHARDT, TERRENCE
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

Title: VP (X) Delete
Name: BEERS, LISA
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

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: VP (X) Change () Addition
Name: BEERS, LISA
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385

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: ROBERT WINCHESTER

DPT

06/24/2009

Electronic Signature of Signing Officer or Director

Date