

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003290

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CREDIT BUREAU OF CONNECTICUT, INC.

**Current Principal Place of Business:**

600 SAW MILL ROAD  
WEST HAVEN, CT 06516

**New Principal Place of Business:**

**Current Mailing Address:**

600 SAW MILL ROAD  
WEST HAVEN, CT 06516

**New Mailing Address:**

**FEI Number:** 06-0867686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAPOBIANCO, PAUL  
6631 EAST POINTE PINE STREET  
PALM BEACH GARDENS, FL 33418 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAPOBIANCO, RICHARD A  
**Address:** 59 ALLISON DRIVE  
**City-St-Zip:** MADISON, CT 06443

**Title:** V  
**Name:** CAPOBIANCO, LOUIS R  
**Address:** 56 STRAWBERRY HILL ROAD  
**City-St-Zip:** MADISON, CT 06443

**Title:** S  
**Name:** CAPOBIANCO, PAUL L  
**Address:** 6 COBBLEFIELD LANE  
**City-St-Zip:** GUILFORD, CT 06437

I hereby 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 all other like empowered.

**SIGNATURE:** LOUIS CAPOBIANCO

VP

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date