2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000793

Title:

Name:

Address:

City-St-Zip:

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(X) Delete

BURTON, SR,, ROBERT G OCEO

STAMFORD, CT 06901

201 BROAD STREET, 6TH FLOOR

FILED Apr 09, 2008 Secretary of State

Entity Nar	ne: CENVEC	CORPORATION					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
201 BROA	TERBURY GF .D STREET, 6 RD, CT 06901						
Current Mailing Address:			New Mail	New Mailing Address:			
201 BROA	TERBURY GF .D STREET, 6 RD, CT 06901						
FEI Number:	84-1250534	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status D	esired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323	CE COMPANY 012525 US submits this statement for th	e purpose of changing	its registered o	office or registered ag	gent, or both,	
SIGNATUR							
0.0		nic Signature of Registered	Agent	Date			
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BURTON, SR.,) Delete ROBERT G C/D/CEO IREET, 6TH FLOOR IT 06901 US	Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	SULLIAVAN, S	TREET, 6TH FLOOR	Title: Name: Address: City-St-Zip:	CFO (X HILTWEIN, MA ONE CANTER STAMFORD, C	BURY GREEN		
Title: Name: Address: City-St-Zip:	OLIVA, THOMA	TREET, 6TH FLOOR	Title: Name: Address: City-St-Zip:	TRES () LYNN, ROBER ONE CANTER! STAMFORD, C	BURY GREEN		
Title: Name: Address: City-St-Zip:	SULLIVAN, SE	TREET, 6TH FLOOR	Title: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT LYNN **TRES** 04/09/2008

() Change () Addition