

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002837 (2)**  
 1. Corporation Name  
**CENTER CAPITAL CORPORATION**



Principal Place of Business <b>4 FARM SPRINGS RD FARMINGTON CT 06032 US</b>	Mailing Address <b>P.O BOX 1186 FARMINGTON CT 06034 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/31/1994</b>		4. FEI Number <b>06-1208821</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
City & State 23	City & State 28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCEP WEISS, MITCHELL D.</b>	1.2 NAME	
STREET ADDRESS	<b>37 WOODHAVEN DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIMSBURY CT</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPC MCGRAW, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>68 COPE FARMS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FARMINGTON CT</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP GOLDBERG, ARNOLD S.</b>	3.2 NAME	
STREET ADDRESS	<b>471 SPRINGSIDE LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUFFALO GROVE IL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP HALVARSON, DAVID E.</b>	4.2 NAME	
STREET ADDRESS	<b>28 CAMILLE LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTON CT</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP LEMRE, DANIEL J.</b>	5.2 NAME	
STREET ADDRESS	<b>21 POCONO RIDGE RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKFIELD CT</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP PODEVA, PAUL R.</b>	6.2 NAME	
STREET ADDRESS	<b>223 FIRST AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST HAVEN CT</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy McGraw Nancy McGraw 2/25/98 860-409-2903

CR2E034 (10/97)