## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 09, 2002 8:00 am § Secretary of State DOCUMENT # F94000002837 Entity Name CENTER CAPITAL CORPORATION 05-09-2002 90016 045 \*\*\*150.00 Principal Place of Business Mailing Address 4 FARM SPRINGS RD P.O BOX 1188 **FARMINGTON CT 06032** FARMINGTON CT 06034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ✓4. FEI Number Applied For 06-1208821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ✓6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 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. SIGNATURE \_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEP** TITLE Delete ☐ Addition Change WEISS, MITCHELL D. NAME 37 WOODHAVEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SIMSBURY CT CITY-ST-ZIP TITLE Delete TITLE L -Change ☐ Addition NAME MCGRAW, NANCY NAME 25 SOMERSBY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **FARMINGTON CT** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLDBERG, ARNOLD S. NAME STREET ADDRESS **471 SPRINGSIDE LN** STREET ADDRESS CITY-ST-ZIP **BUFFALO GROVE IL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HALVARSON, DAVID E. NAME NAME **80 INDIAN MEADOW** STREET ADDRESS STREET ADDRESS **NEW HARTFORD CT** CITY-ST-ZIP CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE Change ☐ Addition NAME LEMIRE, DANIEL J. STREET ADDRESS 21 POCONO RIDGE RD STREET ADDRESS CITY-ST-ZIP **BROOKFIELD CT** CITY-ST-ZIP **VP** TITI E ☐ Delete TITLE ☐ Change ☐ Addition PODESVA, PAUL R. NAME NAME

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

223 FIRST AVE

West haven ct

WANCY MCGIOW 4/20/02 860409 2900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR