2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002837

1. Entity Name
CENTER CAPITAL CORPORATION

Principal Place of Business	Mailing Address
3 FARM GLEN BLVD. FARMINGTON, CT 06032 US	P.O BOX 1188 FARMINGTON, CT 06034 US

03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1208821
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEP
NAME	WEISS, MITCHELL D.
STREET ADDRESS	37 WOODHAVEN DR
CITY-ST-ZIP	SIMSBURY, CT
TITLE	VPC
NAME	MCGRAW, NANCY
STREET ADDRESS	25 SOMERSBY WAY
CITY-ST-ZIP	FARMINGTON, CT
TITLE	VP
NAME	GOLDBERG, ARNOLD S.
STREET ADDRESS	471 SPRINGSIDE LN
CITY-ST-ZIP	BUFFALO GROVE, IL
TITLE	VP
NAME	HALVARSON, DAVID E.
STREET ADDRESS	80 INDIAN MEADOW
CITY-ST-ZIP	NEW HARTFORD, CT
TITLE	VP
NAME	LEMIRE, DANIEL J.
STREET ADDRESS	21 POCONO RIDGE RD
CITY-ST-ZIP	BROOKFIELD, CT
TITLE	VP
NAME	PODESVA, PAUL R.
STREET ADDRESS	223 FIRST AVE
CITY-ST-ZIP	WEST HAVEN, CT

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy McGraw Nancy McGraw 4/5/05 8604092900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #