

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002837	
1. Entity Name CENTER CAPITAL CORPORATION	

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

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

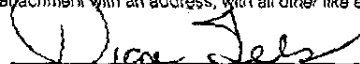
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

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

**DO NOT WRITE
IN THIS SPACE**

U00000547648
05/12/06-80034-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 **860 409 2928**
Date Daytime Phone #