


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90015 019 \*\*\*150.00

<b>DOCUMENT # F94000002837</b> 1. Entity Name <b>CENTER CAPITAL CORPORATION</b>																																																																																																									
Principal Place of Business <b>3 FARM GLEN BLVD. FARMINGTON, CT 06032 US</b>			Mailing Address <b>P.O BOX 1188 FARMINGTON, CT 06034 US</b>																																																																																																						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																							
City & State		City & State																																																																																																							
Zip	Country	Zip	Country																																																																																																						
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PCEP <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WEISS, MITCHELL D.</td> <td>NAME</td> <td>Joseph Savage</td> </tr> <tr> <td>STREET ADDRESS</td> <td>37 WOODHAVEN DR</td> <td>STREET ADDRESS</td> <td>103 Farmington Ave.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SIMSBURY, CT</td> <td>CITY-ST-ZIP</td> <td>Hartford, CT 06105</td> </tr> <tr> <td>TITLE</td> <td>VPC <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MCGRAW, NANCY</td> <td>NAME</td> <td>William Bromage</td> </tr> <tr> <td>STREET ADDRESS</td> <td>25 SOMERSBY WAY</td> <td>STREET ADDRESS</td> <td>108 Farmington Ave.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FARMINGTON, CT</td> <td>CITY-ST-ZIP</td> <td>Hartford, CT 06105</td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOLDBERG, ARNOLD S.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>471 SPRINGSIDE LN</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BUFFALO GROVE, IL</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HALVARSON, DAVID E.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>80 INDIAN MEADOW</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HARTFORD, CT</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LEMIRE, DANIEL J.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21 POCONO RIDGE RD</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKFIELD, CT</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PODESA, PAUL R.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>223 FIRST AVE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST HAVEN, CT</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PCEP <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	WEISS, MITCHELL D.	NAME	Joseph Savage	STREET ADDRESS	37 WOODHAVEN DR	STREET ADDRESS	103 Farmington Ave.	CITY-ST-ZIP	SIMSBURY, CT	CITY-ST-ZIP	Hartford, CT 06105	TITLE	VPC <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MCGRAW, NANCY	NAME	William Bromage	STREET ADDRESS	25 SOMERSBY WAY	STREET ADDRESS	108 Farmington Ave.	CITY-ST-ZIP	FARMINGTON, CT	CITY-ST-ZIP	Hartford, CT 06105	TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOLDBERG, ARNOLD S.	NAME		STREET ADDRESS	471 SPRINGSIDE LN	STREET ADDRESS		CITY-ST-ZIP	BUFFALO GROVE, IL	CITY-ST-ZIP		TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HALVARSON, DAVID E.	NAME		STREET ADDRESS	80 INDIAN MEADOW	STREET ADDRESS		CITY-ST-ZIP	NEW HARTFORD, CT	CITY-ST-ZIP		TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LEMIRE, DANIEL J.	NAME		STREET ADDRESS	21 POCONO RIDGE RD	STREET ADDRESS		CITY-ST-ZIP	BROOKFIELD, CT	CITY-ST-ZIP		TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PODESA, PAUL R.	NAME		STREET ADDRESS	223 FIRST AVE	STREET ADDRESS		CITY-ST-ZIP	WEST HAVEN, CT	CITY-ST-ZIP	
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04242007 Chg-P CR2E034 (12/06)

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

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

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:**

*William Bromage*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

860 409 2928

Daytime Phone #