

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 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**



04222008 No Chg-P CR2E034 (11/05)

**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**

**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, 2008 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  
**D  
SAVAGE, JOSEPH  
108 FARMINGTON AVE  
HARTFORD, CT 06105**

000000927142  
05/20/08-80093-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph Savage VP Controller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08  
Date

860 409 2928  
Daytime Phone #