# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 27 PM 3:31

DOCUMENT # **F94000006323 (9)**

1. Corporate Name
**NEWINGTON INVESTMENT CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 310175<br>NEWINGTON CT 06131 | PO BOX 310175<br>NEWINGTON CT 06131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 12-13-94

2. Principal Place of Business
21: PO Box 310175
Suite, Apt. #, etc. 22:
City & State 23: Newington CT
Zip 24: 06131
Country 25: HARTFORD

2a. Mailing Address
26: PO Box 310175
Suite, Apt. #, etc. 27:
City & State 28: Newington CT
Zip 29: 06131
Country 30: HARTFORD

4. FEI Number: 06-0894051 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST #2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Paralegal + Attorney Service Bureau
82 Street Address (P.O. Box Number is Not Acceptable): 1406 Hays St - #2
83:
84 City: Tallahassee FL 32301 FL
85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of new registered agent required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | POLLOCK, WILLIAM E | 12 NAME | |
| STREET ADDRESS | 27 GARFIELD ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NEWINGTON CT 06111 | 14 CITY-ST-ZIP | |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | POLLOCK, GREGORY M | 22 NAME | |
| STREET ADDRESS | 27 GARFIELD ST | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NEWINGTON CT 06111 | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | POLLOCK, JOAN M | 32 NAME | |
| STREET ADDRESS | 27 GARFIELD ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | NEWINGTON CT 06111 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I/We hereby certify that the information supplied with this filing is absolutely true and 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 annual 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 12 or Block 13 with an address.

**SIGNATURE:** _____ 3-22-95 203 667-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0394006 FP