



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90225 029 ***150.00

DOCUMENT # F94000006413					
1. Entity Name CHASE VENTURES, INC.					
Principal Place of Business C/O CHASE ENTERPRISES 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103			Mailing Address C/O CHASE ENTERPRISES 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103		
2. Principal Place of Business c/o Chase Enterprises Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Fl City & State Hartford, CT			3. Mailing Address ATT: Kathleen Tierney Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Fl City & State Hartford, CT		
4. FEI Number 52-1818189		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03312005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WALTHALL, JULIAN W 8625 SW 200TH CR DUNNELLON, FL 34432		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONNESSEN, LEIF A 51 EVERETT DRIVE WEST WINDSOR, NJ 08648		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Howarth c/o NRAI 100 Canal Point Blvd., Suite 108 Princeton, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD CHASE, ARNOLD L 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD Arnold L. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLINS, JAMES T 8625 SW 200TH CR DUNNELLON, FL 34432		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDDING, JOHN P 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John T. Redding Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHASE, CHERYL A 280 TRUMBULL ST 24TH FLOOR HARTFORD, CT 06103		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Cheryl A. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538
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: 					(860) 549-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #