

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90022 011 \*\*\*150.00

DOCUMENT # F96000000125

1. Entity Name

MOTT CORPORATION



Principal Place of Business

84 SPRING LANE  
FARMINGTON CT 06032-3159

Mailing Address

84 SPRING LANE  
FARMINGTON CT 06032-3159  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

06-0741455

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, HARRY J  
11094 BEACH CLUB POINT - LOST TREE VILLAGE  
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME RUBOW, KENNETH L  
STREET ADDRESS 12 CROSSROADS LN  
CITY-ST-ZIP AVON CT 06001

TITLE D ☐ Delete  
NAME GRAY, HELEN  
STREET ADDRESS 11094 BEACH CLUB POINT, LOST TREE VILLAGE  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Delete  
NAME VAN ROOY, JEAN-PIERRE  
STREET ADDRESS 34 MOUNTAIN RD  
CITY-ST-ZIP FARMINGTON CT 06032

TITLE V ☐ Delete  
NAME FAHEY, THOMAS  
STREET ADDRESS 30 STURBRIDGE LN  
CITY-ST-ZIP AVON CT 06001

TITLE C ☐ Delete  
NAME GRAY, HARRY J  
STREET ADDRESS 11094 BEACH CLUB POINT, LOST TREE VILLAGE  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DP ☐ Delete  
NAME KLENE, ROGER R  
STREET ADDRESS 37 MOUNTAIN ROAD  
CITY-ST-ZIP FARMINGTON CT 06032

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☐ Change ☒ Addition  
NAME Gary S Scaife  
STREET ADDRESS 28 Highland Rd  
CITY-ST-ZIP Oxford, CT 06478

TITLE V ☐ Change ☒ Addition  
NAME Jeanine Wilmoth  
STREET ADDRESS 376 New England Rd  
CITY-ST-ZIP Guilford, CT 06437

TITLE V ☐ Change ☒ Addition  
NAME Franklin J Hubbell  
STREET ADDRESS 149 East Lake St  
CITY-ST-ZIP Winsted, CT 06098

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gary S Scaife* 2/25/08 (860) 747-6333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR