

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000125

Entity Name: MOTT CORPORATION

FILED
May 27, 2009
Secretary of State

Current Principal Place of Business:

84 SPRING LANE
FARMINGTON, CT 060323159

New Principal Place of Business:

Current Mailing Address:

84 SPRING LANE
FARMINGTON, CT 060323159 US

New Mailing Address:

FEI Number: 06-0741455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RUBOW, KENNETH L
Address: 12 CROSSROADS LN
City-St-Zip: AVON, CT 06001

Title: D () Delete
Name: GRAY, HELEN
Address: 11094 BEACH CLUB POINT, LOST TREE VILLAGE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: VAN ROOY, JEAN-PIERRE
Address: 34 MOUNTAIN RD
City-St-Zip: FARMINGTON, CT 06032

Title: V () Delete
Name: FAHEY, THOMAS
Address: 30 STURBRIDGE LN
City-St-Zip: AVON, CT 06001

Title: C () Delete
Name: GRAY, HARRY J
Address: 11094 BEACH CLUB POINT, LOST TREE VILLAGE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DP () Delete
Name: KLENE, ROGER R
Address: 37 MOUNTAIN ROAD
City-St-Zip: FARMINGTON, CT 06032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST (X) Change () Addition
Name: SCAIFE, GARE S
Address: 28 HIGHLAND RD
City-St-Zip: OXFORD, CT 06478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S SCAIFE

VST

05/27/2009

Electronic Signature of Signing Officer or Director

Date