


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90123 003 \*\*\*150.00

<b>DOCUMENT # F96000000526</b>					
1. Entity Name <b>BRACEBRIDGE CORPORATION</b>					
Principal Place of Business <b>1100 N. KING ST. WILMINGTON, DE 19884-2811 US</b>			Mailing Address <b>MS #2811 WILMINGTON, DE 19884-2811 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D, P, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LANCE L		NAME	Terence J. Farrell	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	100 Federal Street	
CITY-ST-ZIP	WILMINGTON, DE 198842811		CITY-ST-ZIP	Boston, MA 02110	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONAVOLONTA, JULES J		NAME	Nancy L. Manzano	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	1100 N. King Street, MS: DE5-028-01-01	
CITY-ST-ZIP	WILMINGTON, DE 198842811		CITY-ST-ZIP	Wilmington, DE 19884	
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, VERNON H		NAME	Connie B. Smith	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	100 N. Tryone Street, MS: NC1-007-23-04	
CITY-ST-ZIP	WILMINGTON, DE 19884		CITY-ST-ZIP	Charlotte, NC 28255-0001	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECCHIONE, KENNETH A		NAME	Anthony D. Crispino	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	100 N. Tryon Street, MS: NC1-007-52-02	
CITY-ST-ZIP	WILMINGTON, DE 198842811		CITY-ST-ZIP	Charlotte, NC 28255-0001	
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSICK, CHARLES K II		NAME	Teresa Reilly	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	1100 N. King Street, MS: DE5-020-01-03	
CITY-ST-ZIP	WILMINGTON, DE 19884		CITY-ST-ZIP	Wilmington, DE 19884	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEFLEN, JOHN W		NAME	Mary E. Volpa	
STREET ADDRESS	1100 N. KING ST.		STREET ADDRESS	1100 N. King Street, MS: DE5-020-01-03	
CITY-ST-ZIP	WILMINGTON, DE 19884		CITY-ST-ZIP	Wilmington, DE 19884	

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:** Nancy L. Manzano, EVP *Nancy L. Manzano* **4/11/06** **302-453-9930**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #