

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000006225

1. Entity Name

PHILLIPS POINT ACQUISITION CORP.



Principal Place of Business

1000 ELM STREET
MANCHESTER, NH 03105-3701

Mailing Address

1 MILL POND LANE
SIMSBURY, CT 06070 US



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0492834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLMES, WILLIAM H
STREET ADDRESS	ONE MILL POND LANE
CITY-ST-ZIP	SIMSBURY, CT
TITLE	T
NAME	HART, DAVID S
STREET ADDRESS	ONE MILL POND LANE
CITY-ST-ZIP	SIMSBURY, CT
TITLE	S
NAME	CLEVELAND, ALAN P
STREET ADDRESS	1000 ELM ST., P.O. BOX 3701
CITY-ST-ZIP	MANCHESTER, NH
TITLE	VD
NAME	MOLLOY, JOHN C
STREET ADDRESS	ONE MILL POND LANE
CITY-ST-ZIP	SIMSBURY, CT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80126-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

Date

(860) 651-4000

Daytime Phone #