2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006880

Entity Name: H.J. BAKER & BRO., INC.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 595 SUMMER ST. 228 SAUGATUCK AVENUE STAMFORD, CT 06901 WESTPORT, CT 06880 **Current Mailing Address: New Mailing Address:** 595 SUMMER ST. 228 SAUGATUCK AVENUE STAMFORD, CT 06901 WESTPORT, CT 06880 FEI Number: 13-1895367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SMITH, CHRISTOPHER V Name: Name: 141 HALF MILE RD. Address: Address: City-St-Zip: SOUTHPORT, CT 06490 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MEDLOCK, KEN W Name: 821 DANWOOD ROAD Address: Address: LITTLE ROCK, AR 72204 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DEEGAN, MARY E Name: Name: 41-04 53RD ST Address: Address: City-St-Zip: WOODSIDE, NY 11377 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, JACK L Name: Name: Address: 12 MESSEX LANE Address: City-St-Zip: WESTON, CT 06883 City-St-Zip: Title: DC Title: () Delete () Change () Addition SMITH, MATTHEW M Name: Name: 2955 ZELL STREET Address: Address: City-St-Zip: LAGUNA BEACH, CA 92651 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SMITH, DAVID Name: 19 CALVIN ROAD Address: Address: City-St-Zip: City-St-Zip: WESTON, CT 06883

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACK L WILLIAMS JR T 04/14/2004