


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000003944	
1. Entity Name WINSTON PARK CENTER, INC.	

Principal Place of Business C/O UBS REALTY INVESTORS 242 TRUMBULL STREET HARTFORD, CT 06103-1212	Mailing Address C/O UBS REALTY INVESTORS 242 TRUMBULL STREET HARTFORD, CT 06103-1212
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03082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0825666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGUIRE, JEFFREY G. 242 TRUMBULL STREET HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GILBERTIE, PETER J 242 TRUMBULL ST., 4TH FLOOR HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHMAN, JAMES M 242 TRUMBULL ST HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUZZO, LAWRENCE S 242 TRUMBULL ST HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'SHEA, THOMAS J. 242 TRUMBULL STREET HARTFORD, CT 061031212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUTA, CAROL M 242 TRUMBULL ST HARTFORD, CT 061031212

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03/29/07-80068-011 61.25

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IN THIS SPACE**

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 617, 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: Thomas J. O'Shea Thomas J. O'Shea, Secretary 3/13/2007 860 616-9158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #