

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004529

FILED
Mar 09, 2009
Secretary of State

Entity Name: TARGET UNDERWRITING MANAGEMENT CORPORATION

Current Principal Place of Business:

35 TOWER LN
AVON, CT 06001

New Principal Place of Business:

Current Mailing Address:

35 TOWER LN
AVON, CT 06001

New Mailing Address:

FEI Number: 65-0848352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 331560000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: CARTER, WAYNE H III
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: EVPD () Delete
Name: DOREEN, SCHLICHT M CPA
Address: 35 TOWER LANE
City-St-Zip: AVON, CT

Title: D () Delete
Name: LEONARDI, THOMAS B
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: D () Delete
Name: BITTIERLI, WILLIAM D
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change () Addition
Name: GORSKI, GLORIA
Address: 35 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: D (X) Change () Addition
Name: LEONARDI, THOMAS B
Address: 20 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: D (X) Change () Addition
Name: BITTIERLI, WILLIAM D
Address: 20 TOWER LANE
City-St-Zip: AVON, CT 06001

Title: D () Change (X) Addition
Name: RAMENDA, JAMES
Address: 20 TOWER LANE
City-St-Zip: AVON, CT 06001

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: WAYNE H. CARTER III

CPD

03/09/2009

Electronic Signature of Signing Officer or Director

Date