


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 030 ***550.00

DOCUMENT # L92213 1. Entity Name TRUMBULL RECOVERY SERVICES, INC.	
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Principal Place of Business 140 ALEXANDRIA BLVD. STE F OVIEDO, FL 32765 US	Mailing Address PO BOX 621207 OVIEDO, FL 32762-1207 US
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20063821



06212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3021034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 GOLN, RONALD 140 ALEXANDRIA BLVD. SUITE F OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLCOMB, STEPHEN M 4 GRIFFIN ROAD NORTH WINDSOR, CT 06095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALCHODI, WILLIAM HARTFORD PLAZA HARTFORD, CT 06115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TRIPP, STANLEY 4 GRIFFIN ROAD NORTH WINDSOR, CT 06095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTELLO, RICHARD G 690 ASYLUM AVE. HARTFORD PLAZA HARTFORD, CT 06115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUBANSKI, JAMES HARTFORD PLAZA HARTFORD, CT 06115

**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

6/23/05

Date

860-577-8480

Daytime Phone #

ATTACHMENT

2086382 1

L92213

TRUMBULL RECOVERY SERVICES, INC.

Officers and Directors List

BOARD OF DIRECTORS

Stephen Francis
Raymond Sprague

OFFICERS

Stephen M. Francis	President
John N. Giamalis	Senior Vice President and Treasurer
William B. Malchodi	Vice President and Director of Taxation
Stanley A. Tripp	Vice President
Richard G. Costello	Corporate Secretary
Todd G. Picken	Assistant Treasurer
James Cubanski	Assistant Secretary