2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # M07000002055** 04-04-2008 90135 031 ***143.75 FLETCHER THOMPSON ARCHITECTURE ENGINEERING Principal Place of Business Mailing Address 60019720 THREE CORPORATE DRIVE, SUITE 500 THREE CORPORATE DRIVE, SUITE 500 SHELTON, CT 06484-6244 SHELTON, CT 06484-6244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 75-3089384 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNROE, W. BRADLEY Street Address (P.O. Box Number is Not Acceptable) 239 E. VIRGINIA STREET TALLAHASSEE, FL 32301 City Zip Code 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 Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change MGR TITLE Delete TITLE MGR Addition NAME BEAUDIN, JAMES A NAME BEAUDIN, JAMES A. THREE CORPORATE DRIVE, SUITE 500 STREET ADDRESS STREET ADDRESS 6645 WILLOW PARK DRIVE STE 200 CITY-ST-ZIP CITY-ST-ZIP SHELTON, CT 064846244 NAPLES FLORIDA 34109 TITLE MGR ☐ Delete TITLE MGR Change Addition KING, JACK A JR KING, JACK A JR NAME NAME ONE TOWER CENTER BLVD., 17TH FL STREET ADDRESS STREET ADDRESS 27 SCHOOLHOUSE ROAD EAST BRUNSWICK, NJ 08816 CITY-ST-ZIP CITY-ST-ZIF -1212 50 MERSET, NJ 08873 MGR TITI F Change ☐ Addition TITLE ☐ Delete BOGGS, RICHARD C NAME NAME THREE CORPORATE DRIVE, SUITE 500 STREET ADDRESS STREET ADDRESS SHELTON, CT 064846244 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Delete

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

Change

☐ Addition

TITLE

NAME

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: 1 Mut m	3-31-08	203-225-6521
SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #