

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 018 ****61.25

DOCUMENT # N01000002610

1. Entity Name
NORTHEAST HTE USER'S GROUP, INC.



Principal Place of Business
50 SOUTH MAIN STREET
WEST HARFORD, CT 06107

Mailing Address
50 SOUTH MAIN STREET
WEST HARFORD, CT 06107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004

Chg-NP

CR2E037 (10/03)

4. FEI Number
06-1627608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DIGIUSEPPE, CHERYL
STREET ADDRESS CITY OF PAWTUCKET 137, ROOSEVELT AVE
CITY-ST-ZIP PAWTUCKET, RI 02860

TITLE D ☐ Change ☒ Addition
NAME Sean Hearty
STREET ADDRESS City of Danbury, 155 Deer Hill Ave.
CITY-ST-ZIP Danbury, CT 06810

TITLE TD ☐ Delete
NAME MARKEE, KEVIN
STREET ADDRESS CITY OF PORTLAND 389 CONGRESS ST
CITY-ST-ZIP PORTLAND, ME 04101

TITLE D ☐ Change ☒ Addition
NAME Dennis Hunt
STREET ADDRESS City of Vineland, PO Box 1508
CITY-ST-ZIP Vineland, NJ 08362

TITLE PD ☐ Delete
NAME JOHNSON, CHRIS
STREET ADDRESS 50 SOUTH MAIN ST
CITY-ST-ZIP WEST HARTFORD, CT 06107

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PONESS, EVELYN
STREET ADDRESS TOWN OF NEEDHAM 1472 HIGHLAND AVE
CITY-ST-ZIP NEEDHAM, MA 02492

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EDMUNDSON, KATHY
STREET ADDRESS 25 SOUTH MANOR AVENUE
CITY-ST-ZIP KINGSTON, NY 12401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KINNEY, DIANE A
STREET ADDRESS 888 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

860-523-3230

Daytime Phone #