



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90014 014 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P05849</b><br>1. Entity Name<br><b>WS GRIFFITH SECURITIES, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>ONE AMERICAN ROW<br/>HARTFORD, CT 06102-5056</b>  |   |   | Mailing Address<br><b>C/O JOHN H BEERS<br/>ONE AMERICAN ROW<br/>HARTFORD, CT 06102-5056</b>                         |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | <div style="font-size: 1.2em; font-weight: bold;">40001187</div>                      |  |
| City & State  |   | City & State                                  |   | 4. FEI Number<br><b>13-2667818</b>  |  |
| Zip   |   | Country                                       |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>KELCHER, JOSEPH E<br>ONE AMERICAN ROW<br>HARTFORD, CT 06102                   | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | Director<br><b>Jo Michael E. Haydon</b><br><b>One American Row</b><br><b>Hartford, CT 06102</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SRVP<br>BEAGIN, J. GARY<br>ONE AMERICAN ROW, MAIL STOP 1CP8<br>HARTFORD, CT 06102   | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | Director<br><b>Robert G. Lautensack, Jr.</b><br><b>One American Row</b><br><b>Hartford, CT 06102</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VPS<br>BEERS, JOHN<br>1 AMERICAN ROW<br>HARTFORD, CT 06102                          | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SVPT<br>MILLER, LAURA E<br>3131 CAMINO DEL RIO NORTH STE 400<br>SAN DIEGO, CA 92108 | <input checked="" type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | AS<br>GADOROWSKI, JAMES J<br>ONE AMERICAN ROW<br>HARTFORD, CT 06102                 | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 2VPT<br>CODY, KATHERINE P<br>ONE AMERICAN ROW<br>HARTFORD, CT 06102                 | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP and Assistant Treasurer<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>John H. Beers</u> <span style="float: right;">January 7, 2005 860-403-5050</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |   |  |