

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06224

FILED
Apr 20, 2010
Secretary of State

Entity Name: BUCHANAN MARINE INC.

Current Principal Place of Business:

39 FERRY STREET
NEW HAVEN, CT 06513

New Principal Place of Business:

Current Mailing Address:

39 FERRY STREET
NEW HAVEN, CT 06513

New Mailing Address:

FEI Number: 06-1008149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 333240000 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: PD
Name: BRENNAN, CIARAN
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

Title: AS
Name: HICKMAN, GARY P
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

Title: AST
Name: BROWN, CHARLIE
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

Title: SCFO
Name: DRENNEN, THOMAS W
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

Title: DIR
Name: KEATING, JOHN J
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

Title: DIR
Name: MADDEN, CHRISTOPHER J
Address: 39 FERRY STREET
City-St-Zip: NEW HAVEN, CT 06513

I hereby 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 all other like empowered.

SIGNATURE: MANDELINE HENDRICKS

POA

04/20/2010

Electronic Signature of Signing Officer or Director

Date