2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P15450

Entity Name: RESOURCES MANAGEMENT CORP.

Current Principal Place of Business:

TWO BATTERSON PARK ROAD
FARMINGTON, CT 06032

New Principal Place of Business:

Current Mailing Address:

TWO BATTERSON PARK ROAD
FARMINGTON, CT 06032

New Mailing Address:

FEI Number: 06-0944880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: CTD ( ) Delete
Name: LOEHMANN, FRANK M.,, JR.
Address: 130 NOB HILL ROAD
City-St-Zip: CHESHIRE, CT 06410

Title: D ( ) Delete
Name: JOHNSON, SANDRA S
Address: 104 BRUSH HILL RD
City-St-Zip: LYME, CT 06471

Title: VD ( ) Delete
Name: FLAMIO, DONNA B.,
Address: 34 FAIRVIEW DRIVE
City-St-Zip: FARMINGTON, CT 06032

Title: D ( ) Delete
Name: OWSIANIK, LINDA R
Address: 128 HILL ST
City-St-Zip: MERIDEN, CT 06450

Title: V ( ) Delete
Name: FULLER, THOMAS P
Address: 195 MOUNTAIN RD
City-St-Zip: N. GRANBY, CT 06060

Title: PD ( ) Delete
Name: HERLIHY, MICHAEL W
Address: 20 MOUNTAIN BROOK DR
City-St-Zip: CHESHIRE, CT 06410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA R OWSIANIK D 01/20/2009

Electronic Signature of Signing Officer or Director Date