## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P28174

Entity Name: LEGGETTE, BRASHEARS & GRAHAM, INC.

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
126 MONROE TURNPIKE TRUMBULL, CT 06611 US				SUITE 301	CH DRIVE , CT 06484	US
Current Mailing Address:				New Mailing Address:		
126 MONROE TURNPIKE TRUMBULL, CT 06611 US				4 RESEARCH DRIVE SUITE 301 SHELTON, CT 04648 US		
FEI Number	: 06-0946970	FEI Number Applied For ( )	FEI Num	ber Not Appl	licable ( )	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:
STE. 205 TAMPA, F The above in the State	DALE MABRY H L 33618 US e named entity s e of Florida.		urpose of	changing i	ts registered o	office or registered agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				Date		
Election Car		Trust Fund Contribution ( ).	110			Date
	S AND DIREC	,		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	V/D () BUZEA, DAN C 42 WAYSIDE D WHITE PLAINS			Title: Name: Address: City-St-Zip:	BUZEA, DAN C 8 CLIFF COUR	₹Т
Title: Name: Address: City-St-Zip:	T () BITTNER, WILL 30 MUDRY FAR BROOKFIELD,	M ROAD		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	V/D () BECKMAN, WIL 10 SUGAR HILL NEWTOWN, CT	. RD		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	CD () SLAYBACK, RU 4 INCREASE LA GREEN FARMS	ANE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD () LENNOX, JEFF 18 WHITE BIRC SHELTON, CT	CH COURT		Title: Name: Address: City-St-Zip:	(	) Change()Addition
Title: Name: Address:	S () CURRAN, MAR` 13 COUNCIL DI			Title: Name: Address:	S (X CURRAN, MAF 13 COUNCIL E	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

OXFORD, CT 06478

SIGNATURE: MARY A. CURRAN S 03/13/2006

OXFORD, CT 06478

City-St-Zip: