

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28174

FILED
Jan 14, 2009
Secretary of State

Entity Name: LEGGETTE, BRASHEARS & GRAHAM, INC.

Current Principal Place of Business:

4 RESEARCH DRIVE
SUITE 301
SHELTON, CT 06484 US

New Principal Place of Business:

Current Mailing Address:

4 RESEARCH DRIVE
SUITE 301
SHELTON, CT 06484 US

New Mailing Address:

FEI Number: 06-0946970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, DAVID
10014 N. DALE MABRY HWY.
STE. 205
TAMPA, FL 33618 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: P/D () Delete
Name: NASO, JR., JOHN
Address: 230 SAUGATUCK AVENUE #5
City-St-Zip: WESTPORT, CT 06680

Title: T () Delete
Name: MACHIR, DONALD R
Address: 91 LONGMEADOW HILL
City-St-Zip: BROOKFIELD, CT 06804

Title: V/D () Delete
Name: WILEY, DAVID A
Address: 2308 JONES DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: V/D () Delete
Name: BECKMAN, WILLIAM K
Address: 10 SUGAR HILL ROAD
City-St-Zip: NEWTOWN, CT 06470

Title: V/D () Delete
Name: LENNOX, JEFFREY B
Address: 18 WHITE BIRCH COURT
City-St-Zip: SHELTON, CT 06484

Title: S () Delete
Name: CURRAN, MARY A
Address: 13 COUNCIL DR.
City-St-Zip: OXFORD, CT 06478

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: MARY A CURRAN

SECR

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date