

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P34405

1. Entity Name
COMMUNICATIONS CREDIT CORPORATION



Principal Place of Business
**10 RIVERVIEW DRIVE
DANBURY, CT 06810 US**

Mailing Address
**10 RIVERVIEW DRIVE
DANBURY, CT 06810 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1433967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENSON, DANIEL S
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	PD
NAME	HACALA, STEPHEN
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	VPS
NAME	CISTULLI, JOSEPH
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	D
NAME	FONG, IVAN
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	VPT
NAME	MAHESHWARY, SAMEER
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	VP
NAME	KEMPINSKI, GARY
STREET ADDRESS	10 RIVERVIEW DRIVE
CITY-ST-ZIP	DANBURY, CT 06810

**DO NOT WRITE
IN THIS SPACE**

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01/31/05-80033-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #