

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011598

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: ORAGE CORPORATION

## Current Principal Place of Business:

1883 SUNSET WOODS CT  
CLEARWATER, FL 33763 US

## New Principal Place of Business:

## Current Mailing Address:

210 MAIN STREET  
MANCHESTER, CT 06040

## New Mailing Address:

FEI Number: 59-3353512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEIL, DAVID F  
1883 SUNSET WOODS CT  
CLEARWATER, FL 33763 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: VD ( ) Delete  
Name: LOZIER, JAMES P  
Address: 9790 66TH STREET NORTH LOT 164  
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD ( ) Delete  
Name: LALANCETTE, GERARD A  
Address: 151 ELDRIDGE STREET  
City-St-Zip: MANCHESTER, CT 06040

Title: D ( ) Delete  
Name: LUZZI, JOSEPH F  
Address: 323 COUNTRY CLUB ROAD  
City-St-Zip: AVON, CT 06001

Title: SD ( ) Delete  
Name: WILLIAMS, MELVIN P  
Address: 210 MAIN STREET  
City-St-Zip: MANCHESTER, CT 06040

Title: ASPD ( ) Delete  
Name: NEIL, DAVID F  
Address: 1883 SUNSET WOODS CT  
City-St-Zip: CLEARWATER, FL 33763

Title: AS ( ) Delete  
Name: CECERE, BARBARA D  
Address: 210 MAIN STREET  
City-St-Zip: MANCHESTER, CT 06040

## 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 for the exemption stated in Section 119.07(3)(i), 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: JAMES P. LOZIER

CEO

04/28/2004

Electronic Signature of Signing Officer or Director

Date