


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90500 048 \*\*\*150.00

**DOCUMENT # 352787**  
 1. Entity Name  
**DEERFIELD 21 CORPORATION**



Principal Place of Business Mailing Address  
**CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK** **CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK**  
**ONE COMMERCIAL PLAZA** **ONE COMMERCIAL PLAZA**  
**HARTFORD, CT 06103-0599 US** **HARTFORD, CT 06103-0599 US**

54039903



2. Principal Place of Business c/o Chase Enterprises, 280 Trumbull St. Suite, Apt. #, etc. 24th Floor  
 3. Mailing Address c/o Chase Enterprises, 280 Trumbull St. Suite, Apt. #, etc. 24th Floor

City & State **Hartford, CT** City & State **Hartford, CT**  
 Zip **06103** Country **USA** Zip **06103** Country **USA**

04142004 Chg-P CR2E034 (10/03)  
 4. FEI Number **59-1311294** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**NRAI SERVICES INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE, FL 32301**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHASE, CHERYL A ONE COMMERCIAL PLAZA HARTFORD, CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, DAVID, T ONE COMMERCIAL PLAZA HARTFORD, CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHASE, ARNOLD L. ONE COMMERCIAL PLAZA HARTFORD, CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD Chase, Cheryl A. 280 Trumbull Street, 24th Floor Hartford, CT 06103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chase, David T. 280 Trumbull Street, 24th Floor Hartford, CT 06103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD Chase, Arnold L. 280 Trumbull Street, 24th Floor Hartford, CT 06103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cheryl A. Chase Executive VP. 4/20/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (860)-293-4315