

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 027 \*\*\*150.00



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

Principal Place of Business Mailing Address  
 C/O CHASE ENTERPRISE, C/O CHASE ENTERPRISE,  
 280 TRUMBULL ST 24TH FLOOR 280 TRUMBULL ST 24TH FLOOR  
 HARTFORD, CT 06103 US HARTFORD, CT 06103 US

2. Principal Place of Business  
 c/o Chase Enterprises  
 Suite, Apt. #, etc. Goodwin Square  
 225 Asylum St., 29th Fl.

Mailing Address Att: K. Tierney  
 Chase Enterprises  
 Suite, Apt. #, etc. Goodwin Square  
 225 Asylum St., 29th Fl.



03312005 Chg-P CR2E034 (10/03)

City & State Hartford, CT City & State Hartford, CT

4. FEI Number 59-1311294 Applied For Not Applicable

Zip Country 06103-1538 USA Zip Country 06103-1538 USA

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

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

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 \_\_\_\_\_  
 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	EVSD	<input type="checkbox"/> Delete
NAME	CHASE, CHERYL A	
STREET ADDRESS	280 TRUMBULL ST 24TH FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHASE, DAVID, T	
STREET ADDRESS	280 TRUMBULL ST 24TH FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	EVTD	<input type="checkbox"/> Delete
NAME	CHASE, ARNOLD L.	
STREET ADDRESS	280 TRUMBULL ST 24TH FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl A. Chase	
STREET ADDRESS	Goodwin Square, 225 Asylum St., 29th Fl.	
CITY-ST-ZIP	Hartford, CT 06103-1538	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David T. Chase	
STREET ADDRESS	Goodwin Square, 225 Asylum St., 29th Fl.	
CITY-ST-ZIP	Hartford, CT 06103-1538	
TITLE	EVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold L. Chase	
STREET ADDRESS	Goodwin Square, 225 Asylum St., 29th Fl.	
CITY-ST-ZIP	Hartford, CT 06103-1538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, Corp 4/19/05 (860) 549-1674  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #