

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001636

FILED
Feb 14, 2008
Secretary of State

Entity Name: MAILROOM HOLDING, INC.

Current Principal Place of Business:

ATTN: TAX DEPT.
19 FOREST PKWY
SHELTON, CT 06484

New Principal Place of Business:

ATTN: TAX DEPT.
478 WHEELERS FARMS RD
MILFORD, CT 06461

Current Mailing Address:

ATTN: TAX DEPT.
19 FOREST PKWY
SHELTON, CT 06484

New Mailing Address:

ATTN: TAX DEPT.
478 WHEELERS FARMS RD
MILFORD, CT 06461

FEI Number: 35-2175001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: NANGLE, PATRICK
Address: 42 TUDOR LANE
City-St-Zip: TRUMBULL, CT 06611

Title: V () Delete
Name: BONASSAR, JOSEPH
Address: 26 WINDING BROOK LANE
City-St-Zip: WALLINGFORD, CT 06492

Title: S () Delete
Name: SHANKLE, KIRK
Address: 15 GAYLORD CT
City-St-Zip: SAN CARLOS, CA 940704453

Title: T () Delete
Name: CRUDO, FRANK
Address: 17 MISTY VALE ROAD
City-St-Zip: SANDY HOOK, CT 06482

Title: D () Delete
Name: BOURRIGEAUD, BERNARD
Address: 19 FOREST PKWY.
City-St-Zip: SHELTON, CT 06484

Title: D () Delete
Name: VILLOT, JEAN-PAUL
Address: 19 FOREST PKWY.
City-St-Zip: SHELTON, CT 06484

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: FRANK CRUDO

CFO

02/14/2008

Electronic Signature of Signing Officer or Director

_____ Date