

1.) CORPORATION NAME:

SAGE Capital Corporation

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD SUITE 301
GLEN ALLEN, VA**

SCC ID NO: **F1427311**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 MERRITT 7

CITY/ST/ZIP: NORWALK, CT 06851

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TOM QUINDLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10 RIVERVIEW DRIVE		
CITY/ST/ZIP/CO:	DANBURY, CT 06810		
NAME:	WILLIAM BRASSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	201 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	CHRISTOPHER CAPOZZI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10 RIVERVIEW DRIVE		
CITY/ST/ZIP/CO:	DANBURY, CT 06810		
NAME:	ANTHONY IANNINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	201 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		
NAME:	MARK O'LEARY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10 RIVERVIEW DRIVE		
CITY/ST/ZIP/CO:	DANBURY, CT 06810		
NAME:	RONALD FONTANA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 RIVERVIEW DRIVE		
CITY/ST/ZIP/CO:	DANBURY, CT 06810		

NAME: CHRISTOPHER CAPOZZI OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 10 RIVERVIEW DRIVE
CITY/ST/ZIP/CO: DANBURY, CT 06810

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ANTHONY IANNINI</u>	<u>ANTHONY IANNINI, ASST</u>	<u>6/19/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.