

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000964

1. Entity Name
MANAGERS DISTRIBUTORS, INC.



Principal Place of Business
**800 CONNECTICUT AVENUE
NORWALK, CT 06854**

Mailing Address
**800 CONNECTICUT AVENUE
NORWALK, CT 06854**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1603133** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000007501924
04/25/06-80082-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEBOVITZ, PETER M**
STREET ADDRESS **218 FERRIS HILL ROAD**
CITY-ST-ZIP **NEW CANAAN, CT 06840**

TITLE **SD**
NAME **KINGSTON, JOHN III**
STREET ADDRESS **32 PIERRPOINT ROAD**
CITY-ST-ZIP **WINCHESTER, MA 01890**

TITLE **D**
NAME **DALTON, NATHANIEL**
STREET ADDRESS **136 GALLOUPES POINT ROAD**
CITY-ST-ZIP **SWAMPSCOTT, MA 01907**

TITLE **D**
NAME **SHEA, DANIEL J**
STREET ADDRESS **23 TUBWRECK DRIVE**
CITY-ST-ZIP **MEDFIELD, MA 02052**

TITLE **T**
NAME **RUMERY, DONALD S**
STREET ADDRESS **190 CUTLERS FARM RD**
CITY-ST-ZIP **MONROE, CT 06468**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Donald S Rumery* DONALD S RUMERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-06 203-299-3517
Date Daytime Phone #