


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002990	
1. Entity Name IMPAX STRATEGIC MARKETING & SELLING, INC.	

Principal Place of Business 61 WILTON ROAD WESTPORT, CT 06880	Mailing Address 61 WILTON ROAD WESTPORT, CT 06880
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1129491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPARBER, DOROTHY
101 SOUTH GULFSTREAM UNIT 10A
SARASOTA, FL 34326

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD MATLOW, DAVID S 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHONKA, MARK 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSCH, DANIEL 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRACZEK, JOHANNA 48 RAILROAD PLACE WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKANE, DAVID B 274 RIVERSIDE AVENUE WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000008117
01/20/04-80053-002 150.00

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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: Johanna Straczek Secretary Jan 13, 2004 202 827 5671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #