

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 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



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1129491

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 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  
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

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Johanna Straczek* Secretary Jan 26, 05 203 227 5671