

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004097

**FILED**  
**Mar 19, 2004**  
**Secretary of State****Entity Name:** TECHNOSERVE INC. OF CONNECTICUT**Current Principal Place of Business:**49 DAY STREET  
NORWALK, CT 06854**New Principal Place of Business:****Current Mailing Address:**49 DAY STREET  
NORWALK, CT 06854**New Mailing Address:****FEI Number:** 13-2626135**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TIERNEY, PAUL E JR  
Address: 500 PARKE AVE STE. 510  
City-St-Zip: NEW YORK, NY 10022

Title: VC ( ) Delete  
Name: CARON, JOHN B  
Address: 8 LAUREL LANE  
City-St-Zip: GREENWICH, CT 06830

Title: D ( ) Delete  
Name: FLAHERTY, PETER A  
Address: 55 E. 52ND ST. 21ST FL  
City-St-Zip: NEW YORK, NY 100551983

Title: D ( ) Delete  
Name: SOROS, PAUL  
Address: 888 7TH AVE 32ND FL  
City-St-Zip: NEW YORK, NY 10106

Title: P ( ) Delete  
Name: REILING, PETER A  
Address: 49 DAY STREET  
City-St-Zip: NORWALK, CT 06854

Title: VP ( ) Delete  
Name: TAYLOR, JOHN  
Address: 49 DAY STREET  
City-St-Zip: NORWALK, CT 06854

**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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TAYLOR

VP

03/19/2004

Electronic Signature of Signing Officer or Director

Date