


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006273

1. Entity Name
SKANDIA TECHNOLOGY CENTER, INC.



Principal Place of Business TWO CORPORATE DR, STE 144 SHELTON, CT 06484	Mailing Address TWO CORPORATE DR, STE 144 SHELTON, CT 06484
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3716999	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

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

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B. 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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BACK, JAN E TWO CORPORATE DR, STE 144 SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP SODERSTROM, ANDERS TWO CORPORATE DR, STE 144 SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SKOGH, JAN TWO CORPORATE DR, STE 144 SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, SCOTT H TWO CORPORATE DR, STE 144 SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michelle E Plotkin **Michelle E Plotkin** 2/24/04 203 926 7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #