

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006273

FILED
Jun 30, 2005
Secretary of State

Entity Name: SKANDIA TECHNOLOGY CENTER, INC.

Current Principal Place of Business:

TWO CORPORATE DR, STE 144
SHELTON, CT 06484

New Principal Place of Business:

Current Mailing Address:

TWO CORPORATE DR, STE 144
SHELTON, CT 06484

New Mailing Address:

FEI Number: 22-3716999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BACK, JAN E
Address: TWO CORPORATE DR, STE 144
City-St-Zip: SHELTON, CT 06484

Title: VCP () Delete
Name: SODERSTROM, ANDERS
Address: TWO CORPORATE DR, STE 144
City-St-Zip: SHELTON, CT 06484

Title: DST () Delete
Name: SKOGH, JAN
Address: TWO CORPORATE DR, STE 144
City-St-Zip: SHELTON, CT 06484

Title: D (X) Delete
Name: ROTHSTEIN, SCOTT H
Address: TWO CORPORATE DR, STE 144
City-St-Zip: SHELTON, CT 06484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RODRIGUEZ-SCOTT, MARIA
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

Title: PRES (X) Change () Addition
Name: PLOTKIN, MICHELLE E
Address: TWO CORPORATE DR, STE 144
City-St-Zip: SHELTON, CT 06484

Title: SEC (X) Change () Addition
Name: GORDON, NANCY
Address: 8890 SOUTHWEST 78TH PLACE
City-St-Zip: MIAMI, FL 33156

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

SIGNATURE: MICHELLE E. PLOTKIN

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date