

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003307

Entity Name: DAYMON WORLDWIDE INC.

FILED  
Feb 20, 2012  
Secretary of State

**Current Principal Place of Business:**

700 FAIRFIELD AVENUE  
STAMFORD, CT 06902

**New Principal Place of Business:**

**Current Mailing Address:**

700 FAIRFIELD AVENUE  
STAMFORD, CT 06902

**New Mailing Address:**

FEI Number: 13-2629353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CD  
Name: SENDER, MILTON  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: CEO  
Name: COOPER, CARLA  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: PD  
Name: COOPER, CARLA  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: TCFO  
Name: BENSON, BRIAN  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: S  
Name: BETUKER, KENNETH  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: AT  
Name: HESLENFELD, DEBORAH  
Address: 700 FAIRFIELD AVENUE  
City-St-Zip: STAMFORD, CT 06902

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH HESLENFELD

AT

02/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date