


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JUN 25 PM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F96000002109 1. Entity Name DELINCO, INC.	
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Principal Place of Business 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS, FL 33410 3960 RCA Blvd. Suite 6002 Palm Beach Gardens, 33410	Mailing Address 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS, FL 33410 3960 RCA Blvd. Suite 6002 Palm Beach Gardens, 33410
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 75-2619477	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WERTHEIM, RAM
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	D <input type="checkbox"/> Delete
NAME	CULLEN, PAULINE
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	D <input type="checkbox"/> Delete
NAME	BUDNICK, NEIL G
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	DP <input type="checkbox"/> Delete
NAME	WENTWORTH, BRUCE R
STREET ADDRESS	4 CORPORATE DRIVE
CITY-ST-ZIP	SHELTON, CT 06848
TITLE	VP <input type="checkbox"/> Delete
NAME	GUNDERSEN, GEORGE
STREET ADDRESS	3960 RCA BLVD., SUITE 5001
CITY-ST-ZIP	WEST PALM BEACH, FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400021132524
STREET ADDRESS	06/25/03--01030--023 **550.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Bruce R. Wentworth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(866) 279-6428
 6/13/03

CR2E034 (10/02)