


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90165 001 \*1,050.00

**DOCUMENT # P9600033012**

1. Entity Name  
**TRIALGRAPHIX - NEW YORK, INC.**



Principal Place of Business      Mailing Address

216 E 45TH STREET  
 NEW YORK, NY 10017    US

~~155 N.E. 40TH STREET-  
 MIAMI, FL 33137~~

**66010101**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03032006    Chg-P      CR2E034 (11/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

65-0659046      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STOLBERG, DAVID**  
**155 NE 40TH ST.**  
**MIAMI, FL 33137**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3300 CORPORATE WAY**

City      State      Zip Code

**MIRAMAR      FL      33025**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	155 N.E. 40TH STREET	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STOLBERG, DAVID	
STREET ADDRESS	155 N.E. 40TH STREET	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLBORN, ERICA	
STREET ADDRESS	155 N.E. 40TH STREET	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, LYNN	
STREET ADDRESS	10200 GROGENS HILL ROAD, STE 350	
CITY-ST-ZIP	THE WOOSLANDS, TX 77380	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOARD, TROY	
STREET ADDRESS	135 LA SALLE STREET	
CITY-ST-ZIP	CHICAGO, IL 606034131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATE, DAVID	
STREET ADDRESS	135 LASALLE STREET	
CITY-ST-ZIP	CHICAGO, IL 606034131	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 CORPORATE WAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 CORPORATE WAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 CORPORATE WAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELISEK, DAVID	
STREET ADDRESS	777 E. WISCONSIN AVE.	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
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 exemptions contained in Chapter 119, 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:** STEVE STOLBERG      Date: 04/03/06      Daytime Phone #: (305) 576-5400