

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90104 001 *1,111.25

DOCUMENT # P96000033012

1. Entity Name
TRIALGRAPHIX - NEW YORK, INC.



Principal Place of Business Mailing Address
216 E 45TH STREET **3300 CORPORATE WY**
NEW YORK, NY 10017 US **MIRAMAR, FL 33025**

66010710



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

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
3300 CORPORATE WY
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	3300 CORPORATE WY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLBORN, ERICA	
STREET ADDRESS	3300 CORPORATE WY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELISEK, DAVID	
STREET ADDRESS	777 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOARD, TROY	
STREET ADDRESS	135 LA SALLE STREET	
CITY-ST-ZIP	CHICAGO, IL 606034131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Kevin	
STREET ADDRESS	3300 Corporate way	
CITY-ST-ZIP	Miramor, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warner, Steven	
STREET ADDRESS	3300 Corporate way	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, Rodney	
STREET ADDRESS	3300 Corporate way	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reilly, Paul	
STREET ADDRESS	3300 Corporate way	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey, William L	
STREET ADDRESS	3300 Corporate way	
CITY-ST-ZIP	MIRAMAR, FL 33025	
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: Kevin Smith 4/20/07 305 576 5400

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