2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#816312

Title:

Name:

Address: City-St-Zip: VD

() Delete

WINGER, DENNIS L

NORWALK, CT 06856

301 MERRITT 7

FILED Mar 22, 2004 Secretary of State

Entity Name: PE CORPORATION (NY) **Current Principal Place of Business: New Principal Place of Business:** 301 MERRITT 7 NORWALK, CT 06856 US **Current Mailing Address: New Mailing Address:** 301 MERRITT 7 PO BOX 5435 NORWALK, CT 06856 US FEI Number: 06-0490270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WHITE, TONY L Name: Name: 301 MERRITT 7 Address: Address: City-St-Zip: NORWALK, CT 06856 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: SAWCH, WILLIAM B Name: 301 MERRITT 7 Address: Address: NORWALK, CT 06856 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LIVINGSTON, THOMAS P Name: Name: 301 MERRITT 7 Address: Address: City-St-Zip: NORWALK, CT 06856 City-St-Zip: Title: () Delete Title: () Change () Addition OSTASZEWSKI, JOHN S Name: Name: Address: 301 MERRITT 7 Address: City-St-Zip: NORWALK, CT 06856 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN S OSTASZEWSKI T 03/22/2004

() Change () Addition