

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818703

Entity Name: AIDEN INC

FILED
Jul 25, 2004
Secretary of State

Current Principal Place of Business:

C/O ALLCO FINANCE
200 PARK AVE, 44TH FL
NEW YORK, NY 10166

New Principal Place of Business:

Current Mailing Address:

C/O ALLCO FINANCE
200 PARK AVE, 44TH FL
NEW YORK, NY 10166

New Mailing Address:

FEI Number: 13-1885918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELK, SCOTT PA
4800 N. FEDERAL HIGHWAY, SUITE 200E
BOCA RATON, FL 33431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTs () Delete
Name: MELONE, THOMAS M
Address: 200 PARK AVE.
City-St-Zip: NEW YORK, NY 10166

Title: D () Delete
Name: MELONE, THOMAS M
Address: 200 PARK AVE.
City-St-Zip: NEW YORK, NY 10166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change () Addition
Name: MELONE, THOMAS M
Address: C/O ALLCO FINANCE CORP., 200 PARK AVE.
City-St-Zip: NEW YORK, NY 10166

Title: D (X) Change () Addition
Name: MELONE, THOMAS M
Address: C/O ALLCO FINANCE CORP., 200 PARK AVE.
City-St-Zip: NEW YORK, NY 10166

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.

SIGNATURE: THOMAS MELONE

D

07/25/2004

Electronic Signature of Signing Officer or Director

Date