2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851091

Entity Name: RADIX GROUP INTERNATIONAL, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
120 TOKENEKE ROAD DARIEN, CT 06820 US				1200 S PINE ISLAND ROAD 6TH FLOOR (LEGAL DEPT) PLANTATION, FL 33324 US		
Current Mailing Address:				New Mailing Address:		
120 TOKENEKE ROAD DARIEN, CT 06820 US				1200 S PINE ISLAND ROAD 6TH FLOOR (LEGAL DEPT) PLANTATION, FL 33324 US		
FEI Number:	95-2119837	FEI Number Applied For ()	FEI Num	nber Not Appl	icable()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:
CT CORPORATION 3751 WEST BROWARD BLVD. PLANTATION, FL 33324 US				CT CORPORATION 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 US		
	named entity s e of Florida.	ubmits this statement for the ρι	urpose of	f changing i	ts registered of	fice or registered agent, or botl
SIGNATURE:				04/26/2004		
	Electron	c Signature of Registered Ager	nt			Date
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () ROHRMANN, GU 33 WASHINGTO NEWARK, NJ 0	N ST., 16TH FL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () SHEPPARD, MA 33 WASHINGTO NEWARK, NJ 0	N ST., 16TH FL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	S () OWUSU, VICTO 33 WASHINGTO NEWARK, NJ 0	N ST., 16TH FL		Title: Name: Address: City-St-Zip:	S (X) OWUSU, VICTO 1200 S PINE IS PLANTATION, F	LAND ROAD
Title: Name: Address: City-St-Zip:	V/D () NOLAN, STEPH 33 WASHINGTO NEWARK, NJ 0	N ST., 16TH FL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () O'CONNELL, RO 120 TOKENEKE DARIEN, CT 06	ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	BROWN, DAVID	RDTAX DEPT.		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: VICTOR OWUSU S 04/26/2004