


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 855877 1. Entity Name BRUNSCHWIG & FILS, INC.	
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Principal Place of Business 75 VIRGINIA ROAD N WHITE PLAINS, NY 10603	Mailing Address 75 VIRGINIA ROAD N WHITE PLAINS, NY 10603
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1820704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP C PEARLON, THOMAS P., JR. ROCKY HILL ROAD BRIDGEWATER, CT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP C DOUGLAS, MURRAY B. 35 EAST 67TH ST. NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOT WILLIAMSON, RICHARD 2 TINYWOOD RD DARIEN, CT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD FLAHERTY, JOHN 258 PEACEABLE STREET RIDGEFIELD, CT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MONGIELLO, PATRICK 60 TAYLOR RD MOUNT KISCO, NY 10549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUMES, GRAHAM 290 KING OF PRUSSIA RD, STE 322 RADNOR, PA 19087	

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04/11/05-80071-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard P. Williamson* **3/31/05 (94) 684-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #