

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002621

Entity Name: EVENT SERVICES, INC.

FILED
May 14, 2008
Secretary of State

Current Principal Place of Business:

C/O TAX DEPARTMENT
1241 EAST MAIN STREET
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPARTMENT
1241 EAST MAIN STREET
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 06-1577895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CFO () Delete
Name: SERPE, FRANK
Address: 1241 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: SD () Delete
Name: KAUFMAN, EDWARD
Address: 1241 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: PD (X) Delete
Name: MCMAHON, LINDA E
Address: 1241 EAST MAIN ST
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMAHON, LINDA E
Address: 1241 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06902

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRYSTAL FICKEN

POA

05/14/2008

Electronic Signature of Signing Officer or Director

Date