


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F0100000964
 1. Entity Name
MANAGERS DISTRIBUTORS, INC.



Principal Place of Business 800 CONNECTICUT AVENUE NORWALK, CT 06854	Mailing Address 800 CONNECTICUT AVENUE NORWALK, CT 06854
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04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1603133	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000007501924
 04/25/06-80082-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBOVITZ, PETER M 218 FERRIS HILL ROAD NEW CANAAN, CT 06840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINGSTON, JOHN III 32 PIERRPOINT ROAD WINCHESTER, MA 01890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, NATHANIEL 136 GALLOUPES POINT ROAD SWAMPSCOTT, MA 01907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, DANIEL J 23 TUBWRECK DRIVE MEDFIELD, MA 02052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUMERY, DONALD S 190 CUTLERS FARM RD MONROE, CT 06468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donald S Rumery **4-05-06 203-299-3537**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #