## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000003181

Entity Name: QUANTITUDE SERVICES, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1 CAMPUS DRIVE 3RD FLOOR-LEGAL PARSIPPANY, NJ 07054				12250 E. ILLIFF AVENUE, SUITE 400 AURORA, CO 80014,		
Current Mailing Address:				New Mailing Address:		
1 CAMPUS 3RD FLOC PARSIPPA		4				
FEI Number:	: 36-4444070	FEI Number Applied For ( )	FEI Numb	er Not Appli	cable ( ) Certificate of Sta	atus Desired()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US  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						
SIGNATUR						
01011/1101		nic Signature of Registered Ager	nt		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCOB ( KATZ, SAMUEI 9 W 57TH ST NEW YORK, N		Na Ad	itle: ame: ddress: ity-St-Zip:	DS (X) Change () Additi BOCK, ERIC J 9 W 57TH ST NEW YORK, NY 10019	on
Title: Name: Address: City-St-Zip:	DP ( BUCKMAN, JAI 9 WEST 57TH NEW YORK, N	STREET	Na Ad	itle: ame: ddress: ity-St-Zip:	D (X) Change ( ) Additi BUCKMAN, JAMES E 9 WEST 57TH STREET NEW YORK, NY 10019	on
Title: Name: Address: City-St-Zip:	EVT ( WYSHNER, DA 1 CAMPUS DR PARSIPPANY,	IVE	Na Ad	itle: ame: ddress: ity-St-Zip:	T (X) Change ( ) Additi WYSHNER, DAVID 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	on
Title: Name: Address: City-St-Zip:	SEVP ( BOCK, ERIC J 9 W 57TH STR NY, NY 10019		Na Ad	itle: ame: ddress: ity-St-Zip:	VP (X) Change ( ) Additi BOCK, ERIC J 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	on
Title: Name: Address: City-St-Zip:	V ( HUBER, JOSE 1 CAMPUS DR PARSIPPANY,	IVE	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Additi	on
Title: Name: Address: City-St-Zip:	V (X MEISNER, RIC 1 CAMPUS DR PARSIPPANY,	IVE	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Additi	on

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH HUBER VP 04/21/2006