

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F0100004949

1. Entity Name
ADVANCED DELIVERY SYSTEMS, INC.



Principal Place of Business
**1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

Mailing Address
**1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1037096

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
LEVINE, STUART T
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FOWLER, WAYNE
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MERCADANTE, MARY ANNE
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCD
LEVINE, STUART M
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTGOMERY, DAVID E
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SACKS, HARRY P
1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880**

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05/05/04-80041-008 150.00

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IN THIS SPACE**

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: MARY ANNE L. MERCADANTE - Mary Anne L. Mercadante V.S. 4/29/04 **203-291-6840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #