


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000004949 1. Entity Name ADVANCED DELIVERY SYSTEMS, INC.	
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Principal Place of Business 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880	Mailing Address 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1037096	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

**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, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCD LEVINE, STUART M 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V FOWLER, WAYNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MERCADANTE, MARY ANNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TCD LEVINE, STUART M 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MONTGOMERY, DAVID E 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SACKS, HARRY P 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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03/15/06-80045-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 203-291-6801
Date Daytime Phone