

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90058 043 ***150.00

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1. Entity Name

MRM CONSULTING, INC.



Principal Place of Business

1720 POST ROAD EAST
SUITE 221
WESTPORT, CT 06880

Mailing Address

1720 POST ROAD EAST
SUITE 221
WESTPORT, CT 06880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042005

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1560414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME THERIAULT, ADRIEN F
STREET ADDRESS 1720 POST ROAD EAST SUITE 221
CITY-ST-ZIP WESTPORT, CT 06880

TITLE V ☐ Delete
NAME THERIAULT, EILEEN O
STREET ADDRESS 1720 POST ROAD EAST SUITE 221
CITY-ST-ZIP WESTPORT, CT 06880

TITLE V ☐ Delete
NAME RICHTER, SUSAN S
STREET ADDRESS 1720 POST ROAD EAST SUITE 221
CITY-ST-ZIP WESTPORT, CT 06880

TITLE V ☐ Delete
NAME ABBRUZZESE, DIANE B
STREET ADDRESS 1720 POST ROAD EAST SUITE 221
CITY-ST-ZIP WESTPORT, CT 06880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Robert Liljengquist
CITY-ST-ZIP 1720 Post Road East Suite 221
Westport, CT 06880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 7, 2005

Date

(203) 254-9808

Daytime Phone #