

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005454

Entity Name: MRM CONSULTING, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

1720 POST ROAD EAST
SUITE 221
WESTPORT, CT 06880

New Principal Place of Business:

Current Mailing Address:

1720 POST ROAD EAST
SUITE 221
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 06-1560414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: THERIAULT, ADRIEN F
Address: 1720 POST ROAD EAST SUITE 221
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: THERIAULT, EILEEN O
Address: 1720 POST ROAD EAST SUITE 221
City-St-Zip: WESTPORT, CT 06880

Title: V (X) Delete
Name: RICHTER, SUSAN S
Address: 1720 POST ROAD EAST SUITE 221
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: ABBRUZZESE, DIANE B
Address: 1720 POST ROAD EAST SUITE 221
City-St-Zip: WESTPORT, CT 06880

Title: VP () Delete
Name: LILJENQUIST, ROBERT
Address: 1720 POST ROAD EAST STE 221
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BARRY, DIANE
Address: 1720 POST ROAD EAST SUITE 221
City-St-Zip: WESTPORT, CT 06880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADRIEN F. TEHRIAULT

PCD

04/19/2006

Electronic Signature of Signing Officer or Director

Date