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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005454

1. Entity Name
MRM CONSULTING, INC.

100021792231
07/25/03--01075--002 **550.00

Principal Place of Business	Mailing Address
191 POST ROAD WEST WESTPORT, CT 06880	191 POST ROAD WEST WESTPORT, CT 06880

2. Principal Place of Business	3. Mailing Address
1720 Post Road East	1720 Post Road East
Suite, Apt. #, etc.: Suite 221	Suite, Apt. #, etc.: Suite 221
City & State: Westport, CT	City & State: Westport, CT
Zip: 06880 Country: Fairfield	Zip: 06880 Country: Fairfield

☒ CHECK HERE IF MAKING CHANGES

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD THERIAULT, ADRIEN F 191 POST ROAD WEST WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THERIAULT, EILEEN O 191 POST ROAD WEST WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1720 Post Road East Suite 221 Westport, CT 06880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHTER, SUSAN S 191 POST ROAD WEST WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1720 Post Road East, Suite 221 Westport, CT 06880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ABBRUZZESE, DIANE B 191 POST ROAD WEST WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1720 Post Road East, Suite 221 West port, CT 06880	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2EC034 (10/02)

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: _____ July 17, 2003 (203) 254-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Adrien F. Theriault, President