


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000006467	
1. Entity Name SOLSTICE MARKETING CORPORATION	

Principal Place of Business 801 JEFFERSON ROAD PARSIPPANY, NJ 07054-3753	Mailing Address 801 JEFFERSON ROAD PARSIPPANY, NJ 07054-3753
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0414578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000
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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 \_\_\_\_\_ (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	CEO GOTTARDI, CLAUDIO 801 JEFFERSON ROAD PARSIPPANY, NJ 070543753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO JUDGE, JOHN 801 JEFFERSON ROAD PARSIPPANY, NJ 070543753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO JANKOWSKI, EDWARD 801 JEFFERSON ROAD PARSIPPANY, NJ 070543753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODRIDGE, ALLAN D 140 BROADWAY, SUITE 3100 NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ULLMANN, MARY 801 JEFFERSON ROAD PARSIPPANY, NJ 070543753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GOTTARDI, CLAUDIO 801 JEFFERSON ROAD PARSIPPANY, NJ 070543753

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**DO NOT WRITE  
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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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Judge CFO

1/7/04

913 952 2800

Date

Daytime Phone #