

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90502 032 \*\*\*150.00

**DOCUMENT # F02000000442**

1. Entity Name  
**GENIE ACCESS SERVICES, INC.**



Principal Place of Business  
**18340 N.E. 76TH STREET  
REDMOND, WA 98052**

Mailing Address  
**500 POST RD. EAST, SUITE 320  
WESTPORT, CT 06880**

**20054019**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**91-2073567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILKERSON, ROBERT R 18340 N.E. 76TH STREET REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, F. ROGER 18340 N.E. 76TH STREET REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COHEN, ERIC I 500 POST RD. EAST - SUITE 320 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFD WIDMAN, PHILLIP C 500 POST RD. EAST - SUITE 320 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOLL, JEROME C 18340 N.E. 76TH STREET REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD BUSHNELL, S. WARD III 18340 N.E. 76TH STREET REDMOND, WA 98052

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/26/05

203-222-7170