

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005995

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: I. WILLIAMS ASSOCIATES, INC.

**Current Principal Place of Business:**

600 W JOHN ST STE 200  
HICKSVILLE, NY 11801

**New Principal Place of Business:**

**Current Mailing Address:**

600 W JOHN ST STE 200  
HICKSVILLE, NY 11801

**New Mailing Address:**

FEI Number: 11-2735976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELETTO, JOHN J  
2100 S OCEAN LANE APT 1212  
FORT LAUDERDALE, FL      US

**Name and Address of New Registered Agent:**

ELETTO, JOHN J  
2100 S OCEAN LANE APT 1212  
FORT LAUDERDALE, FL 33316      US

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: \_\_\_\_\_ 02/17/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ELETTO, JOHN  
Address: 600 W JOHN ST SUITE 200  
City-St-Zip: HICKSVILLE, NY 11801

Title: VD ( ) Delete  
Name: ELETTO, JOSEPH  
Address: 600 WEST JOHN ST SUITE 200  
City-St-Zip: HICKSVILLE, NY 11801

Title: PD ( ) Delete  
Name: ELETTO, ROBERT  
Address: 600 WEST JOHN ST SUITE 200  
City-St-Zip: HICKSVILLE, NY 11801

Title: VD ( ) Delete  
Name: SELLARS, LINDA  
Address: 600 WEST JOHN ST SUITE 200  
City-St-Zip: HICKSVILLE, NY 11801

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH ELETTO      VD      02/17/2009  
Electronic Signature of Signing Officer or Director      Date