

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003686

FILED
Feb 24, 2011
Secretary of State

Entity Name: OCE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5600 BROKEN SOUND BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

100 OAKVIEW DRIVE
TAX DEPARTMENT
TRUMBULL, CT 06611

New Mailing Address:

FEI Number: 06-1222739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PD
Name: GINGOLD, MARC O
Address: 5600 BROKEN SOUND BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: VS
Name: FASANO, STEVE
Address: 5600 BROKEN SOUND BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: AT
Name: CACACE, MARIO
Address: 100 OAKVIEW DR
City-St-Zip: TRUMBULL, CT 06611

Title: AS
Name: SCARPELLI, JACK J
Address: 5450 N. CUMBERLAND AVE.
City-St-Zip: CHICAGO, IL 60656

Title: D
Name: SKRZYPCZAK, JOSEPH
Address: 100 OAKVIEW DR.
City-St-Zip: TRUMBULL, CT 06611

Title: D
Name: VANDONINCK, ERIC
Address: 100 OAKVIEW DR.
City-St-Zip: TRUMBULL, CT 06611

I hereby 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 all other like empowered.

SIGNATURE: MARIO CACACE

AT

02/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date