

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000411

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE MILLENNIUM GROUP OF DELAWARE, INC.

**Current Principal Place of Business:**

200 CIRCLE DRIVE NORTH  
PISCATAWAY, NJ 08854

**New Principal Place of Business:**

**Current Mailing Address:**

200 CIRCLE DRIVE NORTH  
PISCATAWAY, NJ 08854

**New Mailing Address:**

PO BOX 10300  
NEW BRUNSWICK, NJ 08906

**FEI Number:** 20-0498246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURPHY, DERMOT F  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: S ( ) Delete  
Name: ZAMMIT, CHARLES J  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: VPD ( ) Delete  
Name: CERESA, DONNA  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: MURPHY, DERMOT F CEO  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: SD (X) Change ( ) Addition  
Name: ZAMMIT, CHARLES J  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

Title: D (X) Change ( ) Addition  
Name: CERESA, DONNA  
Address: 200 CIRCLE DRIVE NORTH  
City-St-Zip: PISCATAWAY, NJ 08854

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: TAWANA BLACKMON

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date