2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

DOCUMENT# F04000002506

Entity Name: PDS ASSOCIATES, INC.

Current Principal Place of Business:

60 BACKUS AVENUE
DANBURY, CT 06810

New Principal Place of Business:

Current Mailing Address:

60 BACKUS AVENUE
DANBURY, CT 06810

New Mailing Address:

FEI Number: 06-0892677 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SALLICK, A. PETER
Address: 60 BACKUS AVENUE
City-St-Zip: DANBURY, CT 06810

Title: CFO (X) Delete
Name: EMILIO, LAURA
Address: 60 BACKUS AVENUE
City-St-Zip: DANBURY, CT 06810

Title: SEC ( ) Delete
Name: SALLICK, BARBARA G
Address: 60 BACKUS AVENUE
City-St-Zip: DANBURY, CT 06810 Q

Title: SVP (X) Delete
Name: WENGEL, ROBERT
Address: 60 BACKUS AVENUE
City-St-Zip: DANBURY, CT 06810 Q

Title: SVP ( ) Delete
Name: TOUBURG, MEG
Address: 60 BACKUS AVE
City-St-Zip: DANBURY, CT 06810

Title: SVP (X) Delete
Name: FORMICELLI, GINA
Address: 60 BACKUS AVE
City-St-Zip: DANBURY, CT 06810

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:

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 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: BARABARA G SALLICK SEC 03/09/2006

Electronic Signature of Signing Officer or Director — Date