

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 026 ***150.00

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1. Entity Name
EQ ACQUISITIONS 2003, INC.



Principal Place of Business

50 WASHINGTON STREET
SUITE 1211
SOUTH NORWALK, CT 06854 US

Mailing Address

50 WASHINGTON STREET
SUITE 1211
SOUTH NORWALK, CT 06854 US

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1581829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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, 2006 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
PCEO
SILVERHARDT, GARY
STREET ADDRESS
50 WASHINGTON STREET, SUITE 1211
CITY-ST-ZIP
SOUTH NORWALK, CT 06854

TITLE
NAME
AT
POSTIGLIONE, WILLIAM J
STREET ADDRESS
50 WASHINGTON STREET SUITE 1211
CITY-ST-ZIP
NORWALK, CT 06854

TITLE
NAME
V
MATTHEWS, CHARLES E
STREET ADDRESS
50 WASHINGTON STREET, SUITE 1211
CITY-ST-ZIP
SOUTH NORWALK, CT 06854

TITLE
NAME
TS
DUNN, SCOTT C
STREET ADDRESS
50 WASHINGTON STREET, SUITE 1211
CITY-ST-ZIP
SOUTH NORWALK, CT 06854

TITLE
NAME
VAS
HANAK, ALESANDRA
STREET ADDRESS
50 WASHINGTON STREET, SUITE 1211
CITY-ST-ZIP
SOUTH NORWALK, CT 06854

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

William J Postiglione 1/18/06 203 354 3657