

FILED
Apr 14, 2008 8:00 am
Secretary of State

DOCUMENT # F04000003410



Mailing Address
7717 COPPERMINE DRIVE
MANASSAS, VA 20109

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Carlos da Fonte		
STREET ADDRESS	150 Kettletown Rd		
CITY-ST-ZIP	Southbury, CT 06488		

TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Martin Schroeter		
STREET ADDRESS	1 New Orchard Rd		
CITY-ST-ZIP	Armonk, NY 10504		

TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	George O'Hanlon		
STREET ADDRESS	294 Route 100		
CITY-ST-ZIP	Somers, NY 10589		

TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Luis Custodio		
STREET ADDRESS	294 Route 100		
CITY-ST-ZIP	Somers, N.Y. 10589		

TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Marian Dillon		
STREET ADDRESS	1 New Orchard Rd		
CITY-ST-ZIP	Armonk, NY 10504		

TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David L. Johnson		
STREET ADDRESS	1 New Orchard Rd		
CITY-ST-ZIP	Armonk, NY 10504		

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.

George B. O'Hanlon George B. O'Hanlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone # _____