


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003805</b>	
1. Entity Name EQ ACQUISITIONS 2004, INC.	

Principal Place of Business 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854	Mailing Address 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1279779	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000808174 02/07/08 80035-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SILVERHARDT, GARY 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, CHARLES E. 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUNN, SCOTT C. 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HANAK, ALESANDRA 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT POSTIGLIONE, WILLIAM J. 50 WASHINGTON STREET, 10TH FLOOR NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 an other like empowered.

SIGNATURE: 	1-18-2008	203-354-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #