

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006556

1. Entity Name
AFIX TECHNOLOGIES, INC.



Principal Place of Business
205 NORTH WALNUT
PITTSBURGH, KS 66762

Mailing Address
205 NORTH WALNUT
PITTSBURGH, KS 66762

FILED

06 SEP 20 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-1076358

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITT, JOAN 205 NORTH WALNUT PITTSBURGH, KS 66762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEPALMA, JAMES 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAPENTA, ROBERT V 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARESI, JOE 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDYCE, DONI 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEN, BARRY 2751 IRIS AVE. BOULDER, CO 80304

800080096098
09/22/06--01059--002 **150.00

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 its 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: *Joan Vitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/06 620-232-6450
Date Daytime Phone #

20 9/22