

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03152007 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

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/01/07-80078-002 150.00

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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: ✓ *Joan Vitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/13/07 620 282 6400