

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001844

Entity Name: MAILROOM FINANCE, INC.

FILED  
Jan 04, 2012  
Secretary of State

**Current Principal Place of Business:**

478 WHEELERS FARMS RD  
MILFORD, CT 06461

**New Principal Place of Business:**

**Current Mailing Address:**

478 WHEELERS FARMS RD  
MILFORD, CT 06461

**New Mailing Address:**

FEI Number: 16-1753763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LESTRANGE, DENNIS P  
Address: 478 WHEELERS FARMS ROAD  
City-St-Zip: MILFORD, CT 06461

Title: VPD  
Name: BERGERON, LEE  
Address: 478 WHEELERS FARMS ROAD  
City-St-Zip: MILFORD, CT 06461

Title: GCD  
Name: BONASSAR, JOSEPH  
Address: 478 WHEELERS FARMS ROAD  
City-St-Zip: MILFORD, CT 06461

Title: T  
Name: ASSOUS, FABRICE  
Address: 478 WHEELERS FARMS ROAD  
City-St-Zip: MILFORD, CT 06461

Title: S  
Name: SHANKLE, KIRK  
Address: 478 WHEELERS FARMS ROAD  
City-St-Zip: MILFORD, CT 06461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FABRICE ASSOUS

TREA

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date