

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003791

Entity Name: INTERTHINX, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

30005 LADYFACE CIRCLE
AGOURA HILLS, CA 91301 US

New Principal Place of Business:

Current Mailing Address:

545 WASHINGTON BOULEVARD
LAW DEPT.
JERSEY CITY, NJ 07310 US

New Mailing Address:

FEI Number: 95-4671534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILA, THOMAS S
INSURANCE SERVICES OFFICE, INC.
3491 SW SAWGRASS VILLAS DR
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: COYNE, FRANK J
Address: 545 WASHINGTON BOULEVARD
City-St-Zip: JERSEY CITY, NJ 07310

Title: PD () Delete
Name: COOP, KEVIN
Address: 30005 LADYFACE CIRCLE
City-St-Zip: AGOURA HILLS, CA 91301 US

Title: VPD () Delete
Name: STEPHENSON, SCOTT
Address: 545 WASHINGTON BOULEVARD
City-St-Zip: JERSEY CITY, NJ 07310

Title: S () Delete
Name: THOMPSON, KENNETH E
Address: 545 WASHINGTON BOULEVARD
City-St-Zip: JERSEY CITY, NJ 07310 US

Title: VP () Delete
Name: ANQUILLARE, MARK
Address: 545 WASHINGTON BOULEVARD
City-St-Zip: JERSEY CITY, NJ 07310 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH E. THOMPSON

SECR

03/20/2009

Electronic Signature of Signing Officer or Director

Date