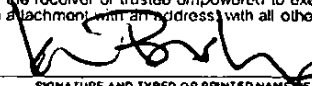


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 038 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|---------------------|---------------------------------|------|-----------------------------|--|----------------|----------------------|--|---------------|------------------------|--|-------|------------|---------------------------------|------|-----------------------------|--|----------------|----------------------|--|---------------|------------------------|--|-------|----------|---------------------------------|------|---------------------|--|----------------|----------------------|--|---------------|------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|---------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|---------------|--|--|-------|------------------|------------------------------------------------------------------------------|------|---------------------------|--|----------------|----------------------------------------|--|---------------|--|--|-------|----------------------------------|------------------------------------------------------------------------------|------|------------------------|--|----------------|----------------------------------------|--|---------------|--|--|-------|----------------------------------|------------------------------------------------------------------------------|------|----------------------------|--|----------------|----------------------------------------|--|---------------|--|--|-------|----------------------------------|------------------------------------------------------------------------------|------|----------------------------|--|----------------|----------------------------------------|--|---------------|--|--|-------|--|-------------------------------------------------------------------|------|--|--|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # F06000007757</b><br>1. Entity Name<br><b>BLUE BUFFALO COMPANY, LTD., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                              |                                                                                                                        |                                                                                                                                                      |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>43 DANBURY RD<br/>WILTON CT 06897</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                                              | Mailing Address<br><b>43 DANBURY RD<br/>WILTON CT 06897</b>                                                            |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                    |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | City & State                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country                                | Zip                                                                          | Country                                                                                                                | 4. FEI Number<br><b>20-5959601</b>                                                                                                                                                                                                    |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                              |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent-<br><b>UNITED CORPORATE SERVICES, INC.<br/>9200 S DADELAND BLVD<br/>STE 508<br/>MIAMI FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                              |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature not needed when filing statement.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <b>CEO/Director</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>NAME</td> <td><b>BISHOP, WILLIAM W SR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 DANBURY RD</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td><b>WILTON CT 06897</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>COO</b></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>NAME</td> <td><b>BISHOP, WILLIAM W JR</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 DANBURY RD</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td><b>WILTON CT 06897</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>T</b></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>NAME</td> <td><b>DONOVAN, TOM</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 DANBURY RD</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td><b>WILTON CT 06897</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <b>Secretary</b> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td><b>Christopher Bishop</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 Danbury Rd, Wilton, CT 06897</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>Director, The Inves Group</b></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td><b>Raymond Debbane</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 Danbury Rd, Wilton, CT 06897</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>Director, The Inves Group</b></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td><b>Aflalo S. Guimeraes</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 Danbury Rd, Wilton, CT 06897</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>Director, The Inves Group</b></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td><b>Philippe J. Amouyal</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>43 Danbury Rd, Wilton, CT 06897</b></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  | TITLE | <b>CEO/Director</b> | <input type="checkbox"/> Delete | NAME | <b>BISHOP, WILLIAM W SR</b> |  | STREET ADDRESS | <b>43 DANBURY RD</b> |  | CITY, ST, ZIP | <b>WILTON CT 06897</b> |  | TITLE | <b>COO</b> | <input type="checkbox"/> Delete | NAME | <b>BISHOP, WILLIAM W JR</b> |  | STREET ADDRESS | <b>43 DANBURY RD</b> |  | CITY, ST, ZIP | <b>WILTON CT 06897</b> |  | TITLE | <b>T</b> | <input type="checkbox"/> Delete | NAME | <b>DONOVAN, TOM</b> |  | STREET ADDRESS | <b>43 DANBURY RD</b> |  | CITY, ST, ZIP | <b>WILTON CT 06897</b> |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  | TITLE | <b>Secretary</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | <b>Christopher Bishop</b> |  | STREET ADDRESS | <b>43 Danbury Rd, Wilton, CT 06897</b> |  | CITY, ST, ZIP |  |  | TITLE | <b>Director, The Inves Group</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | <b>Raymond Debbane</b> |  | STREET ADDRESS | <b>43 Danbury Rd, Wilton, CT 06897</b> |  | CITY, ST, ZIP |  |  | TITLE | <b>Director, The Inves Group</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | <b>Aflalo S. Guimeraes</b> |  | STREET ADDRESS | <b>43 Danbury Rd, Wilton, CT 06897</b> |  | CITY, ST, ZIP |  |  | TITLE | <b>Director, The Inves Group</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | <b>Philippe J. Amouyal</b> |  | STREET ADDRESS | <b>43 Danbury Rd, Wilton, CT 06897</b> |  | CITY, ST, ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY, ST, ZIP |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CEO/Director</b>                    | <input type="checkbox"/> Delete                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>BISHOP, WILLIAM W SR</b>            |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 DANBURY RD</b>                   |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WILTON CT 06897</b>                 |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>COO</b>                             | <input type="checkbox"/> Delete                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>BISHOP, WILLIAM W JR</b>            |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 DANBURY RD</b>                   |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WILTON CT 06897</b>                 |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>T</b>                               | <input type="checkbox"/> Delete                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DONOVAN, TOM</b>                    |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 DANBURY RD</b>                   |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>WILTON CT 06897</b>                 |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | <input type="checkbox"/> Delete                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | <input type="checkbox"/> Delete                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Secretary</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Christopher Bishop</b>              |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 Danbury Rd, Wilton, CT 06897</b> |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Director, The Inves Group</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Raymond Debbane</b>                 |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 Danbury Rd, Wilton, CT 06897</b> |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Director, The Inves Group</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Aflalo S. Guimeraes</b>             |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 Danbury Rd, Wilton, CT 06897</b> |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Director, The Inves Group</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Philippe J. Amouyal</b>             |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>43 Danbury Rd, Wilton, CT 06897</b> |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |
| <b>SIGNATURE:</b>  <b>William Bishop, Sr.</b> 3/30/07 203-762-9757<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                              |                                                                                                                        |                                                                                                                                                                                                                                       |  |       |                     |                                 |      |                             |  |                |                      |  |               |                        |  |       |            |                                 |      |                             |  |                |                      |  |               |                        |  |       |          |                                 |      |                     |  |                |                      |  |               |                        |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |  |                                 |      |  |  |                |  |  |               |  |  |       |                  |                                                                              |      |                           |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                        |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |                                  |                                                                              |      |                            |  |                |                                        |  |               |  |  |       |  |                                                                   |      |  |  |                |  |  |               |  |  |