

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001963

FILED
Aug 06, 2009
Secretary of State

Entity Name: MTM ADVANCED TECHNOLOGIES, INC.

Current Principal Place of Business:

1200 HIGH RIDGE RD.
STAMFORD, CT 06905

New Principal Place of Business:

Current Mailing Address:

1200 HIGH RIDGE RD.
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 13-3354896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSC
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: HICKS, STEPHEN
Address: 1200 HIGH RIDGE RD.
City-St-Zip: STAMFORD, CT 06905

Title: CEO () Delete
Name: STRINGER, STEVE
Address: 1200 HIGH RIDGE RD.
City-St-Zip: STAMFORD, CT 06905

Title: CFO () Delete
Name: BRAUKMAN, JAY
Address: 1200 HIGH RIDGE RD.
City-St-Zip: STAMFORD, CT 06905

Title: C () Delete
Name: POCH, GERALD A.
Address: 153 E. 53 ST., 35 FL
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HEITZMANN, RICHARD
Address: 153 E. 53 ST., 35 FL
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: MILANO, ROSEMARIE
Address: 1200 HIGH RIDGE RD.
City-St-Zip: STAMFORD, CT 06905

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE MILANO

SECT

08/06/2009

Electronic Signature of Signing Officer or Director

_____ Date