

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004654

FILED
Apr 05, 2011
Secretary of State

Entity Name: BEST FRIENDS PET CARE, INC.

Current Principal Place of Business:

520 MAIN AVE
NORWALK, CT 06851

New Principal Place of Business:

Current Mailing Address:

520 MAIN AVE
NORWALK, CT 06851

New Mailing Address:

FEI Number: 13-3625116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 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

OFFICERS AND DIRECTORS:

Title: D
Name: HARTONG, JR., HENDRIK J
Address: 603 STEAMBOAT ROAD UNIT 3
City-St-Zip: GREENWICH, CT 06830

Title: D
Name: TAGGART, IAN B
Address: 91 SHORE ROADE
City-St-Zip: OLD GREENWICH, CT 06870

Title: D
Name: MCCABE, JOAN Y
Address: THREE VALLEY RIDGE RD
City-St-Zip: HARRISON, NY 10528

Title: PRES
Name: HEYDER, JOHN
Address: 27 STELLA STREET
City-St-Zip: TRUMBULL, CT 06611

Title: D
Name: MARTIN, THOMAS E
Address: 55105 BUFFALO LANE
City-St-Zip: NEW LONDON, MO 06345

Title: CONT
Name: THOMAS, BRIAN CONT
Address: 231 HENDERSON ROAD
City-St-Zip: FAIRFIELD, CT 06824 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN THOMAS

CONT

04/05/2011

Electronic Signature of Signing Officer or Director

Date