

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001595

Entity Name: RPM CONNECT, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

50 DANBURY ROAD
WILTON, CT 06897

New Principal Place of Business:

Current Mailing Address:

C/O ATTORNEY DOUGLAS LOMONTE
27 IMPERIAL AVENUE
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 41-2274866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: ROBINSON, JOSEPH G
Address: 10 S FIFTH STREET, SUITE 330
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DVP () Delete
Name: SMESTAD, ALICIA A
Address: 10 S FIFTH STREET, SUITE 330
City-St-Zip: MINNEAPOLIS, MN 55402

Title: DS () Delete
Name: O'DONNELL, BRENDA J
Address: 10 S FIFTH STREET, SUITE 330
City-St-Zip: MINNEAPOLIS, MN 55402

Title: T () Delete
Name: KASS, DEBRA
Address: 50 DANBURY ROAD
City-St-Zip: WILTON, CT 06897

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change () Addition
Name: KASS, DEBRA
Address: 50 DANBURY ROAD
City-St-Zip: WILTON, CT 06897

Title: D () Change (X) Addition
Name: BROWN, TOM
Address: 10 S FIFTH STREET, SUITE 330
City-St-Zip: MINNEAPOLIS, MN 55402

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: DEBRA KASS

T

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date