

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000683

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** DRUYAN-SAGAN ASSOCIATES, INC.

**Current Principal Place of Business:**

143 LANGMUIR LAB, 95 BROWN ROAD  
SUITE 1027  
ITHACA, NY 14850

**New Principal Place of Business:**

**Current Mailing Address:**

143 LANGMUIR LAB, 95 BROWN ROAD  
SUITE 1027  
ITHACA, NY 14850

**New Mailing Address:**

**FEI Number:** 13-2891334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABBAY, PAMELA S  
4507 SUMMERSUN CT  
TAMPA, FL 33610 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: CPD  
Name: DRUYAN, ANN  
Address: 11 TYLER ROAD  
City-St-Zip: ITHACA, NY 14850

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: ANN DRUYAN

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date