

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90041 030 \*\*\*150.00

40000893



01102006 Chg-P CR2E034 (11/05)

4. FEI Number  
13-3585648

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPADAFORA, ROBERT	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	MCKENNA, ROBERT	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	RIPEPI, BRUCE F	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSI, GARY	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	
CITY-ST-ZIP	WELLESLEY HILLS, MA 024812214	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALLADINO, THEODORE	
STREET ADDRESS	100 MANHATTANVILLE	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	NOVAK, JOANNE	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WEISS	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER MARK	
STREET ADDRESS	100 MANHATTANVILLE RD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY CORSI	
STREET ADDRESS	ONE SUN LIFE EXECUTIVE PARK	
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE F. RIPEPI, EVP & DIR. 1-10-06 914-696-5600

Date

Daytime Phone #