

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90205 013 ***550.00

DOCUMENT # F94000001249	
1. Entity Name SOMERSET PARTNER INC.	



Principal Place of Business 6 LANDMARK SQUARE STAMFORD, CT 06901 US	Mailing Address 6 LANDMARK SQUARE STAMFORD, CT 06901 US
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50052788



2. Principal Place of Business 801 Main Avenue	3. Mailing Address 801 Main Ave. (Att. K. Monahan)
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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05112005 Chg-P CR2E034 (10/03)

City & State Norwalk, CT	City & State Norwalk, CT
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4. FEI Number 13-3420228	Applied For <input type="checkbox"/> Not Applicable
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Zip 06851	Country USA	Zip 06851	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KRAMER, MARY 6 LANDMARK SQUARE STAMFORD, CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MILLER, BRUCE 6 LANDMARK SQUARE STAMFORD, CT 06901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph Barry* **Joseph Barry, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(203) 229-7714
4/15/05

Date Daytime Phone #

ATTACHMENT

50052788

#794000001249

Somerset Partner, Inc., a Delaware Corporation

Ivan Menezes
Deirdre Mahlan
Michael Westcott

Director
Director
Director

Ivan Menezes
Deirdre Mahlan
John Blood
Joseph Barry
James Ricci
Taun Dimatteo
Thomas Stueve
Bruce Miller

President and CEO
Vice President, Finance, and CFO
Vice President
Secretary
Assistant Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary