


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90458 050 ***150.00

DOCUMENT # F94000001322 1. Entity Name H. MUEHLSTEIN & CO., INC.	
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Principal Place of Business 800 CONNECTICUT AVE NORWALK, CT 06856 US	Mailing Address 800 CONNECTICUT AVE NORWALK, CT 06856 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1074120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOHUE, J K 800 CONNECTICUT AVENUE NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RESTIVO, R J 800 CONNECTICUT AVENUE NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, J J 800 CONNECTICUT AVENUE NORWALK, CT 06456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUX, M.D. 800 CONNECTICUT AVENUE NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PROVOST, JOHN 800 CONNECTICUT AVE NORWALK, CT 06856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT MARKUS, W 800 CONNECTICUT AVENUE NORWALK, CT 06856

**DO NOT WRITE
IN THIS SPACE**

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:  **4/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #