

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 009 ***150.00

DOCUMENT # F94000001322

1. Entity Name
H. MUEHLSTEIN & CO., INC.



Principal Place of Business

800 CONNECTICUT AVE
NORWALK, CT 06856 US

Mailing Address

800 CONNECTICUT AVE
NORWALK, CT 06856 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-P

CR2E034 (12/06)

4. FEI Number

13-1074120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DONOHUE, J K
STREET ADDRESS 800 CONNECTICUT AVENUE
CITY-ST-ZIP NORWALK, CT 06856 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME RESTIVO, R J
STREET ADDRESS 800 CONNECTICUT AVENUE
CITY-ST-ZIP NORWALK, CT 06856 ☐ Delete

TITLE CFO
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME JOHNSTON, J J
STREET ADDRESS 800 CONNECTICUT AVENUE
CITY-ST-ZIP NORWALK, CT 06456 ☒ Delete

TITLE Treasurer
NAME R. J. Wardozzi
STREET ADDRESS 800 Connecticut Ave
CITY-ST-ZIP Norwalk, CT 06856 ☐ Change ☒ Addition

TITLE VD
NAME LUX, M.D.
STREET ADDRESS 800 CONNECTICUT AVENUE
CITY-ST-ZIP NORWALK, CT 06856 ☐ Delete

TITLE CEO
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AT
NAME PROVOST, JOHN
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK, CT 06856 ☐ Delete

TITLE Sec
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SAT
NAME MARKUS, W
STREET ADDRESS 800 CONNECTICUT AVENUE
CITY-ST-ZIP NORWALK, CT 06856 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John Provost JOHN PROVOST

4/28/08

203.855-6116.3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #