


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005690 1. Entity Name DIRECTDME, INC.	
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FILED
 04 APR 29 AM 10:20
 400034740674
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 70 PINE ST. NEW YORK, NY 10270 US	Mailing Address 70 PINE STREET ATTN E M TUCK NEW YORK, NY 10270 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04262004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3798455	Applied For <input type="checkbox"/> Not Applicable
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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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2004 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	CD SANDLER, ROBERT M. <input checked="" type="checkbox"/> Delete
NAME	70 PINE STREET
STREET ADDRESS	NEW YORK, NY
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete
NAME	PACKER, WILLIAM
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	V <input type="checkbox"/> Delete
NAME	AUSTIN, TERRI D
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	S <input type="checkbox"/> Delete
NAME	TUCK, ELIZABETH M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	T <input type="checkbox"/> Delete
NAME	BENSINGER, STEVEN J
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY 10270
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GALIOTO, ANTHONY J
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK, NY

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	moor, kristian p.
STREET ADDRESS	175 water street
CITY-ST-ZIP	New York, NY 10038
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tizzio, Thomas R.
STREET ADDRESS	D 175 water street
CITY-ST-ZIP	New York, NY 10038

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: *E. M. Tuck* 4-27-04 (212) 770-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:16 AM

ORDER NO. : 598287-140

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

RECEIVED
04 APR 29 PM 1:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: DIRECTDME, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____