2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90061 033 ***150.00

DOCUMENT # F94000005703

1. Entity Name
IVANS, INC.

Principal Place of Business	Mailing Address
1455 EAST PUTNAM AVE OLD GREENWICH, CT 06870-1307	1455 EAST PUTNAM AVE OLD GREENWICH, CT 06870-1307

40003017

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3142765 — 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
ALLEN, DAVID IVANS, INC. 5405 CYPRESS CENTER DR. TAMPA, FL 33609-1024	Name: Pat Lucyshyn Street Address (P.O. Box Number is Not Acceptable): IVANS, Inc. 5405 Cypress Center Dr City: Tampa FL Zip Code: 33609-1024

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: Pat Lucyshyn PAT LUCYSHYN, DVP FINANCE 1-10-2005
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, 2005 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	D ☐ Delete	TITLE	P D ☐ Change ☒ Addition
NAME	ENTRINGER, JAMES	NAME	Clare De Nicola
STREET ADDRESS	10801 E HAPPY VALLEY RD #124	STREET ADDRESS	25 Willow Run Rd
CITY-ST-ZIP	SCOTTSDALE, AZ 85255	CITY-ST-ZIP	Greenwich CT 06831
TITLE	VT ☐ Delete	TITLE	VT ☒ Change ☐ Addition
NAME	DOBISH, JEFFREY	NAME	Jeffrey Dobish
STREET ADDRESS	196 COLD SPRING RD	STREET ADDRESS	12102 Canterbury Park Ct.
CITY-ST-ZIP	AVON, CT 06001	CITY-ST-ZIP	Tampa FL 33626
TITLE	PC ☐ Delete	TITLE	C ☒ Change ☐ Addition
NAME	PAYNE, ROBERT S	NAME	
STREET ADDRESS	3 BLACKMAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD, CT 06877	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALABRESE, JOAN	NAME	
STREET ADDRESS	55 MILL PLAIN ROAD	STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 06811	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODARD, GEORGE	NAME	
STREET ADDRESS	1525 LOCUST ST STE 1301	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19102	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GROWDY, ROBERT	NAME	
STREET ADDRESS	65 WALNUT ST STE 580	STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481	CITY-ST-ZIP	

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: Joan L. Calabrese JOAN L. CALABRESE 1/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #