

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90028 019 \*\*\*150.00

DOCUMENT # **F95000005872**

1. Corporation Name

**DELAWARE META GROUP, INC.**

Principal Place of Business  
**208 HARBOR DR.  
STAMFORD CT 06912-0061**

Mailing Address  
**208 HARBOR DR.  
STAMFORD CT 06912-0061**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/29/1995**

4. FEI Number

**06-0971675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NE 167TH ST., #300  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SVPT** ☐ DELETE  
NAME **DENOYER, BERNARD F.**  
STREET ADDRESS **208 HARBOR DRIVE**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

TITLE **D** ☐ DELETE  
NAME **SALDUTTI, FRANCIS J**  
STREET ADDRESS **208 HARBOR DR.**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

TITLE **D** ☐ DELETE  
NAME **SIMMONS, MICHAEL**  
STREET ADDRESS **208 HARBOR DR.**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

TITLE **C** ☒ DELETE  
NAME **BUTLEIN, MARC**  
STREET ADDRESS **208 HARBOR DR.**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

TITLE **PDCE** ☐ DELETE  
NAME **KUTNICK, DALE**  
STREET ADDRESS **208 HARBOR DR.**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

TITLE **D** ☐ DELETE  
NAME **MCNAMEE, GEORGE**  
STREET ADDRESS **208 HARBOR DR.**  
CITY-ST-ZIP **STAMFORD CT 06912-0061**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

**Signature of Bernard F. Denoyer**

**7/12/99 (203) 973-6813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



**META Group**

META Group, Inc., 208 Harbor Drive, P.O. Box 120061, Stamford, CT 06912-0061 (203) 973-6700 Fax: (203) 359-8066

596 132-70028-19  
F95000005872

July 9, 1999

Re: 1999 Profit Corporation Annual Report

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

After a brief conversation yesterday with Debbie, I explained that META Group had received a 2<sup>nd</sup> notice for the above referenced report but had not received a packet previously. Debbie advised that I write and submit the report along with the original fee of \$150.00. Enclosed please find the 1999 Profit Corporation Annual Report along with a check to cover the filing fee.

Should you require any additional information, please do not hesitate to contact the undersigned @ (203) 973-6712.

Sincerely,

Mercedes Castro  
Senior Tax Accountant  
META Group, Inc.