# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 02, 2006**
**Secretary of State**

DOCUMENT# F95000005872

**Entity Name:** DELAWARE META GROUP, INC.

**Current Principal Place of Business:**

208 HARBOR DR.
STAMFORD, CT 069120061

**New Principal Place of Business:**

56 TOP GALLANT ROAD
STAMFORD, CT 06904

**Current Mailing Address:**

208 HARBOR DR.
STAMFORD, CT 069120061

**New Mailing Address:**

56 TOP GALLANT ROAD
STAMFORD, CT 06904

**FEI Number: 06-0971675** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: STEFANIA ROCCO 10/02/2006
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LAFOND, CHRIS
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06912

Title: S ( ) Delete
Name: SCHWARTZ, LEW
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06912

Title: T ( ) Delete
Name: NADLER, LISA
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06912

Title: D ( ) Delete
Name: LAFOND, CHRIS
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS G. SCHWARTZ SECY 10/02/2006
Electronic Signature of Signing Officer or Director Date