2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001217

Entity Name: PROGENY MARKETING INNOVATIONS INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
400 DUKE DR FRANKLIN, TN 37067					
Current Mailing Address:			New Mailir	New Mailing Address:	
400 DUKE I FRANKLIN,			1 CAMPUS PARSIPPA	DRIVE NY, NJ 07054	
FEI Number:	06-1282786	FEI Number Applied For () FEI	l Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () I TARANTIN, DANI 400 DUKE DR FRANKLIN, TN 3		Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition LIPMAN, NATHANIEL J 100 CONNECTICUT AVENUE NORWALK, CT 06850	
Title: Name: Address: City-St-Zip:	VP () EFORD, DAVID 400 DUKE DRIVE FRANKLIN, TN 3		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition HUBER, JOSEPH J 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	AS ()[NEWMAN, DAVID 400 DUKE DRIVE FRANKLIN, TN 3		Title: Name: Address: City-St-Zip:	AS (X) Change () Addition BOCK, ERIC J 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	D ()[KELLEY, DAVID 400 DUKE DRIVE FRANKLIN, TN 3		Title: Name: Address: City-St-Zip:	T (X) Change () Addition WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	VP () [JOSEPH, HUBER 1 CAMPUS DRIV PARSIPPANY, N	E	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CHRISTOPOUL, THOMAS D 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KATZ, SAMUEL L 9 W. 57TH STREET, 37 FL NEW YORK, NY 10019	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH J. HUBER VP 04/07/2005