

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002104

1. Entity Name
FUNDCO, INC.



Principal Place of Business

**3960 RCA BLVD.
SUITE 6002
PALM BEACH GARDENS, FL 33410**

Mailing Address

**3960 RCA BLVD.
SUITE 6002
PALM BEACH GARDENS, FL 33410**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2619475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
SUITE 105
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000125734
04/23/04-80004-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTHEIM, RAM D 113 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, PAULINE M 113 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDNICK, NEIL G 113 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENTWORTH, BRUCE R 2 CORPORATE DRIVE 3RD FLOOR SHELTON, CT 06848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUNDERSEN, GEORGE 3950 RCA BLVD., SUITE 5001 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Bruce R Wentworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/04 (866) 279-6428
Date Daytime Phone if