

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F96000002106

1. Entity Name
MUNICO, 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
75-2619480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION
1200 S PINE ISLAND RD.
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

U00000125731
04/23/04-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WERTHEIM, RAM
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	D
NAME	BUDNICK, NEIL G
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	DV
NAME	WENTWORTH, BRUCE R
STREET ADDRESS	2 CORPORATE DRIVE 3RD FLOOR
CITY-ST-ZIP	SHELTON, CT 06848
TITLE	D
NAME	CULLEN, PAULINE M
STREET ADDRESS	113 KING ST
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	VP
NAME	GUNDERSEN, GEORGE
STREET ADDRESS	3950 RCA BLVD #5001
CITY-ST-ZIP	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 Wertheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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