


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | |
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| DOCUMENT # F96000002108 |  |
| 1. Entity Name NATACQ, INC. | |

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| 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)

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|---|-------------------------------|
| 4. FEI Number 75-2619474 | Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WERTHEIM, RAM D 113 KING ST 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 STE 5001 PALM BEACH GARDENS, FL 33410 |
| 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 | |

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04/23/04-80002-004 150.00

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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 4/02/04 (866) 279-6428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #