

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F96000002109

1. Entity Name
DELINCO, 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
75-2619477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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**

**100000125619
04/23/04-EG0002-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WERTHEIM, RAM
113 KING ST
ARMONK, NY 10504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CULLEN, PAULINE
113 KING ST
ARMONK, NY 10504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BUDNICK, NEIL G
113 KING ST
ARMONK, NY 10504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WENTWORTH, BRUCE R
4 CORPORATE DRIVE
SHELTON, CT 06848**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GUNDERSEN, GEORGE
3950 RCA BLVD., SUITE 5001
WEST PALM BEACH, 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 Wentworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

(866) 279-6428

Date

Pay/Phone #