

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F96000002192

1. Entity Name
DH TAX, 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
75-2648048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION CENTER SYSTEM
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**

10. OFFICERS AND DIRECTORS

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

000000125700
04/23/04-80004-005 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/02/04 (866) 279-6428