

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90026 013 ***150.00

DOCUMENT # F97000003885

1. Entity Name
FIRST MADISON SERVICES, INC.



Principal Place of Business
**2 CORPORATE DRIVE
SUITE 350
SHELTON, CT 06484**

Mailing Address
**2 CORPORATE DRIVE
SUITE 350
SHELTON, CT 06484**

54000266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
8th Fl

Suite, Apt. #, etc.
8th Fl

01062004 Chg-P CR2E034 (10/03)

City & State
Shelton, CT

City & State
Shelton, CT

4. FEI Number
13-3859649

Applied For
☐ Not Applicable

Zip
06484

Country
USA

Zip
06484

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Frost Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LAMANDO, STEPHEN M
STREET ADDRESS 2 CORPORATE DRIVE
CITY-ST-ZIP SHELTON, CT 06484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME NEWMAN, BRYAN
STREET ADDRESS 2 CORPORATE DRIVE
CITY-ST-ZIP SHELTON, CT 06484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Brian C. Newman

1/6/04

(203)926-5651