

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2004 90038 004 ***150.00

DOCUMENT # F98000001915					
1. Entity Name REGUS BUSINESS CENTRE CORP.					
Principal Place of Business 100 MANHATTANVILLE ROAD., SUITE 12 SUITE400 PURCHASE, NY 10577			Mailing Address C/O MARY HEUBEL 263 TRESSER BLVD 9TH FLOOR STAMFORD, CT 06901		
2. Principal Place of Business 263 Tresser Blvd., 9th Floor Suite, Apt. #, etc. 9th Floor		3. Mailing Address Suite, Apt. #, etc.			
City & State Stamford, CT 06901		City & State		4. FEI Number 13-3944507	
Zip 06901		Country USA		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 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, MARK L KNYVETT HOUSE/THE CAUSEWAY/STAINES/ MIDDLESEX/TW18 3BA/UK,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOBO, RUDOLF J KNYVETT HOUSE/THE CAUSEWAY/STAINES/ MIDDLESEX/TW18 3BA/UK,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GAUDREAU, ROBERT 6 BURNS ROAD WEST HARRISON, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV MLYNSKI, JOHN REGUS 100 MANHATTANVILLE ROAD PURCHASE, NY 10577	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 263 Tresser Blvd., 9th Floor Stamford, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Brian Horn 263 Tresser Blvd., 9th Floor Stamford, CT 06901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 263 Tresser Blvd., 9th Floor Stamford, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:		Brian Horn, CFO		1/13/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		203-564-1400 <small>Daytime Phone #</small>	