


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000003134</b>	
1. Entity Name <b>LOST OAKS, INC.</b>	

Principal Place of Business <b>591 W. PUTNAM AVE. GREENWICH, CT 06830 US</b>	Mailing Address <b>591 W. PUTNAM AVE. GREENWICH, CT 06830 US</b>
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**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1498505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000168767 07/29/04-80006-016 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO KLEEMAN, MERRICK 591 W. PUTNAM AVE. GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPT SILVEY, JEROME 591 W. PUTNAM AVE. GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS GEIMER, ROBERT 320 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SLOYER, MICHAEL 591 W. PUTNAM AVE. GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP DISHNER, JEFFERY 591 W. PUTNAM AVENUE GREENWICH, CT 06830</b>
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)(f), 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.

<b>SIGNATURE:</b> 	<b>Jerome C. Silvey</b> <b>7/9/04</b> <b>203-422-7700</b> <b>Executive Vice President</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>