

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000005718

1. Entity Name
PEOPLE3, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 AM 10:25

Principal Place of Business
745 ROUTE 202/206
BRIDGEWATER, NJ 08807

Mailing Address
GARTNER, INC
56 TOP GALLANT RD
STANFORD, CT 06904



11022004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-3609913

Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 Cynthia L. Harris
Signature typed or printed name of registered agent and title if applicable.

Cynthia L. Harris
as its agent

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME O'CONNELL, MAUREEN
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE S ☐ Delete
NAME SCHWARTZ, LEWIS G
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE T ☒ Delete
NAME LAFOND, CHRISTOPHER
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE AS ☒ Delete
NAME ISIDRO, JUDITH E
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME LAFOND, CHRISTOPHER
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

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

TITLE T ☐ Change ☒ Addition
NAME NADLER, LISA
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE AS ☐ Change ☒ Addition
NAME PAPILSKY, GARY
STREET ADDRESS 56 TOP GALLANT ROAD
CITY-ST-ZIP STAMFORD, CT 06904

TITLE AT ☐ Change ☒ Addition
NAME CALLAHAN, BRIAN
STREET ADDRESS 56 TOP GALLANT RD
CITY-ST-ZIP STAMFORD, CT 06904

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

Christopher Lafond

11/4/04 203-316-3195
Date Daytime Phone #