

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005718

Entity Name: PEOPLE3, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

745 ROUTE 202/206
BRIDGEWATER, NJ 08807

New Principal Place of Business:

Current Mailing Address:

GARTNER, INC
56 TOP GALLANT RD
STANFORD, CT 06904

New Mailing Address:

FEI Number: 22-3609913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAFOND, CHRISTOPHER
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

Title: S () Delete
Name: SCHWARTZ, LEWIS G
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

Title: T () Delete
Name: NADLER, LISA
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

Title: AS () Delete
Name: PAPILSKY, GARY
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

Title: AT () Delete
Name: CALLAHAN, BRIAN
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, JAMES
Address: 56 TOP GALLANT ROAD
City-St-Zip: STAMFORD, CT 06904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS G. SCHWARTZ

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04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date