2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51835

Entity Name: JANUS ASSOCIATES, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Bu	New Principal Place of Business:	
1010 SUMMER ST STAMFORD, CT 06905	US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1010 SUMMER ST STAMFORD, CT 06905	US			
FEI Number: 59-2926886	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of Nev	Name and Address of New Registered Agent:	
BYRNE, JOHN B 2881 LA CONCHA CLEARWATER, FL 33762	2 US	BYRNE, JOHN B 9525 BLIND PASS ROAD, ; ST. PETE BEACH, FL 337		
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:			04/27/2004	
Electronic Signature of Registered Agent		nt	Date	

Title:

CPDT

Title:

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete FISHER, PATRICIA Name: Name: 37 STAMFORD AVE. Address: Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition BYRNE, JOHN Name: Name: BYRNE, JOHN Address: Address: 2881 LA CONCHA 9525 BLIND PASS ROAD, #206 ST. PETE BEACH, FL 33706 CLEARWATER, FL 33762 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: CORBETT, MICHAEL Name: 18 MOLLY'S WAY Address: Address: City-St-Zip: POUGHKEEPSIE, NY 12601 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: PATRICIA FISHER **CPDT** 04/27/2004