

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51835

FILED
Apr 22, 2005
Secretary of State

Entity Name: JANUS ASSOCIATES, INC.

Current Principal Place of Business:

1010 SUMMER ST
STAMFORD, CT 06905 US

New Principal Place of Business:

9 WEST BROAD STREET
9TH FLOOR
STAMFORD, CT 06902 US

Current Mailing Address:

1010 SUMMER ST
STAMFORD, CT 06905 US

New Mailing Address:

9 WEST BROAD STREET
9TH FLOOR
STAMFORD, CT 06902 US

FEI Number: 59-2926886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, JOHN B
9525 BLIND PASS ROAD, #206
ST. PETE BEACH, FL 33706 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: CPDT () Delete
Name: FISHER, PATRICIA
Address: 37 STAMFORD AVE.
City-St-Zip: STAMFORD, CT 06902

Title: DS () Delete
Name: BYRNE, JOHN
Address: 9525 BLIND PASS ROAD, #206
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: CORBETT, MICHAEL
Address: 18 MOLLY'S WAY
City-St-Zip: POUGHKEEPSIE, NY 12601

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:

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 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: PATRICIA FISHER

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04/22/2005

Electronic Signature of Signing Officer or Director

Date