

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00670

1. Entity Name
RCG INFORMATION TECHNOLOGY, INC.



Principal Place of Business
4700 MILLENIA BLVD STE 370
ORLANDO, FL 32839 US

Mailing Address
379 THORNALL ST
14TH FL
EDISON, NJ 08837 US

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2032892

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SIMPLT, ROBERT 379 N. THORNALL ST. EDISON, NJ 08837
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS LYNCH, GERARD 379 N. THORNALL ST. EDISON, NJ 08837
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHERMAN, PHIL 5 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BEAUDET, ROBERT 379 THORNALL ST 14 FLOOR EDISON, NJ 08837
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRETUNG, DAVID 5 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V FISHKIN, LESLIE 379 THORNHALL ST 14 FLOOR EDISON, NJ 08837

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01/30/06-80032-014 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD LYNCH

1/13/06

732-777-3500

Daytime Phone if