## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 05, 2007 8:00 am Secretary of State

56/-24/-001**8**Daytime Phone #

DOCUMENT # P01000070241  1. Entity Name WESTPORT CAPITAL MANAGEMENT CORPORATION						03-05-2001	7 900 <b>3</b> 9 (	)14 ***1	50.00	
Principal Plac 301 YAMATO BOCA RATON	) RD., STE. 2200	Mailing Address 301 YAMATO RD., STE. 2200 BOCA RATON, FL 33431								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212007 Chg-P CR2E034 (12/06)					
City & State		City & State			4. FEI Numbe				oplied For	
Zip	Country	Žip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional	
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
MITCHELL	MARKU		Name	Name						
MITCHELL, MARK H 301 YAMATO RD., STE. 2200 BOCA RATON, FL 33431				Street Address (P.O. Box Number is Not Acceptable)						
			City					7 0		
			City FL Zip Code							
<ol><li>The above the obligat</li></ol>	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office o	r register	ed agent, or bot	h, in the State of Flo	rida. Lam fa	miliar with,	and accept	
SIGNATURE		,								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registored Agent signal	beriuper eru	when reinstating)		DATE			
	E N <b>OW!!! FEE IS \$</b> 150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Conf		<b>\$5.</b> Add	00 May Be ed to Fees					
10.	OFFICERS AND		11,		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PD	Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	RZEPCZYNSKI, MARK		NAME SYNCET ADORESIS							
CITY-ST-ZIP	301 YAMATO ROAD, STE 2200 BOCA RATON, FL 33431	,	STREET ADDRESS CITY-ST-ZIP							
TITLE	45- P.D	☐ Delete	TITLE	PD				<b>∑</b> Change	Addition	
NAME	WEBSTER, KEN		NAME					Day Onlings	C Addition	
STREET ADDRESS	301 YAMATO RD		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP							
TITLE NAME	SD KOŻAK, DAVID M	☐ Delete	TITLE			•		☐ Change	☐ Addition	
STREET ADDRESS	301 YAMATO ROAD, STE 2200		NAME STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP							
TITLE	V	☐ Delete	THTLE					Change	Addition	
NAME	ROBERTS, NATHAN		NAME					-	_	
STREET ADDRESS CITY-ST-ZIP	301 YAMATO ROAD, STE 2700		STREET ADDRESS CITY- ST-ZIP							
TITLE	BOCA RATON, FL 33431	☐ Delete	<b></b>		<del>-</del>	<del></del> -				
NAME	STENIEWIEZ, JULES	□1 (Jéiéie	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	301 YAMATO RD SUITE 2200		STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431	****	CITY-SI-ZIP							
TITLE	V	Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	DINON, WILLIAM 301 YAMATO RD SUITE 2200		NAME STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exemptions of	ontained	in Chapter 119	, Florida Statutes I	further certif	v that the in	nformation	
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that re owered to execute this report	my signature shall has required by Cha	ave the s	same teòal effec	t as if made under d	ath: that Lar	m an officer.	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: