

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90005 006 ***550.00

DOCUMENT # P03357

1. Entity Name
DRAKE BEAM MORIN, INC.



Principal Place of Business
**1 STATION PLACE
STAMFORD, CT 06902 US**

Mailing Address
**TLNS TAX DEPT 2ND FLOOR
5191 NATORP BLVD
MASON, OH 45040 US**

54072496



2. Principal Place of Business
258 Southhall Lane

3. Mailing Address
258 Southhall Lane

08302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 450

Suite 450

City & State

City & State

Maitland, FL

Maitland, FL

4. FEI Number
13-2641235

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

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

6. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | FINK, JOHN | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 069025 | |
| TITLE | VPS | <input checked="" type="checkbox"/> Delete |
| NAME | STANLEY, DEIRDRE | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |
| TITLE | CPAS | <input type="checkbox"/> Delete |
| NAME | CARSON, KENNETH A | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |
| TITLE | VPAS | <input checked="" type="checkbox"/> Delete |
| NAME | DWECK, SARI | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | EHLERS, DAWN | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |
| TITLE | VPAS | <input checked="" type="checkbox"/> Delete |
| NAME | FRIEDLAND, EDWARD A | |
| STREET ADDRESS | 1 STATION PLACE | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | CFO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John Fink | |
| STREET ADDRESS | 258 Southhall Lane, Suite 450 | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charles Kulmbach | |
| STREET ADDRESS | 258 Southhall Lane, Suite 450 | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pamela Jones | |
| STREET ADDRESS | 258 Southhall Lane, Suite 450 | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE:

Pamela M. Jones

Pamela M. Jones

9/8/04

407-618-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #