

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90030 037 ***150.00

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1. Entity Name

BITRAGE RESEARCH & DEVELOPMENT CORP.



Principal Place of Business

**6816 SOUTH POINT PKWY
BLDG 601
JACKSONVILLE, FL 32216**

Mailing Address

**6816 SOUTH POINT PKWY
BLDG 601
JACKSONVILLE, FL 32216**

40037004



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2165160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL S
6816 SOUTHPOINT PKWY
BLDG 601
JACKSONVILLE, FL 32216**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEWMAN, MICHAEL S
STREET ADDRESS 109 S BEND DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME DIONNE, JAMES L J
STREET ADDRESS 500 SAND IRON CIR UNIT 524
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME DEMETRIOU, E.C.
STREET ADDRESS YPSILANTOU 30
CITY-ST-ZIP ATHENS, GREECE, 11521

TITLE D
NAME BEATTY, LLOYD L
STREET ADDRESS 25985 GOSLING LANE
CITY-ST-ZIP ROYAL OAK E, MD 216621425

TITLE D
NAME LIPWORTH, BERTRAND L
STREET ADDRESS 65 SLONE ST
CITY-ST-ZIP LONDON, UNITED KINGDOM, SW1X9SH

TITLE D
NAME BRADY, CHRISTOPHER
STREET ADDRESS 70 EAST 55TH STREET 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

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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 like empowered.

SIGNATURE: *Michael S Newman* VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06

Date

904674062 x104

Daytime Phone #