

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115564

Entity Name: SHYC SLIP, INC.

FILED  
Jan 20, 2012  
Secretary of State

## Current Principal Place of Business:

354 PEQOUT AVENUE  
SOUTHPORT, CT 06890

## New Principal Place of Business:

354 PEQUOT AVENUE  
SOUTHPORT, CT 06890

## Current Mailing Address:

354 PEQOUT AVENUE  
SOUTHPORT, CT 06890

## New Mailing Address:

P. O. BOX 1032  
SOUTHPORT, CT 06890

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE & CO., P.A.  
355 ALHAMBRA CIRCLE  
SUITE 1100  
MIAMI, FL 33134 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

## OFFICERS AND DIRECTORS:

Title: P  
Name: MURPHY, DAVID B  
Address: P. O. BOX 1032  
City-St-Zip: SOUTHPORT, CT 06890

Title: VP  
Name: MURPHY, DAVID B  
Address: P. O. BOX 1032  
City-St-Zip: SOUTHPORT, CT 06890

Title: T  
Name: MURPHY, DAVID B  
Address: P. O. BOX 1032  
City-St-Zip: SOUTHPORT, CT 06890

Title: S  
Name: MURPHY, DAVID B  
Address: P. O. BOX 1032  
City-St-Zip: SOUTHPORT, CT 06890

I hereby 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 all other like empowered.

SIGNATURE: MOORE & CO, ATTORNEY IN FACT MONICA DELSOL

AF

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date