2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08098

Title:

Name:

Address: City-St-Zip:

FILED Apr 01, 2004 Secretary of State

Entity Name: DANZAS CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 120 TOKENEKE ROAD DARIEN, CT 06820 US **Current Mailing Address: New Mailing Address:** 1200 S PINE ISLAND ROAD 120 TOKENEKE ROAD DARIEN, CT 06820 US 6TH FLOOR (LEGAL DEPT) PLANTATION, FL 33324 FEI Number: 13-4919031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition OWUSU, VICTOR Name: Name: 33 WASHINGTON ST, 16TH FL Address: Address: City-St-Zip: NEWARK, NJ 07102 US City-St-Zip: Title: Title: () Delete () Change () Addition TOGGWEILER, HANS Name: Name: 33 WASHINGTON ST, 16TH FL Address: Address: NEWARK, NJ 07102 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition LINDHOLM, BRIAN Name: Name: 33 WASHINGTON ST. 16TH FL Address: Address: City-St-Zip: NEWARK, NJ 07102 US City-St-Zip: Title: TD () Delete Title: () Change () Addition NOLAN, STEVEN Name: Name: Address: 33 WASHINGTON ST, 16TH FL Address: City-St-Zip: City-St-Zip: NEWARK, NJ 07102 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICTOR OWUSU S 04/01/2004

() Delete

BROWN, DAVID

120 TOKENEKE RD

DARIEN, CT 06820

() Change () Addition