## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10855

Entity Name: PHI SIGMA SIGMA, INC.

FILED Apŗ 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

23123 STATE ROAD 7 23123 STATE ROAD 7

SUITE 250 SUITE 250

BOCA RATON, FL 33428 BOCA RATON, FL 33428 US

**Current Mailing Address:** New Mailing Address:

23123 STATE ROAD 7 23123 STATE ROAD 7

SUITE 250 SUITE 250

BOCA RATON, FL 33428 BOCA RATON, FL 33428 US

FEI Number: 53-0220898 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACEY, DIANNE MACEY, DIANNE L MRS. 23123 STATE ROAD 7 23123 STATE ROAD 7

SUITE 250 SUITE 250

BOCA RATON, FL 33428 US BOCA RATON, FL 33428 US

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: LISA M. DALY 04/28/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete GROSSMAN, SANDY D MRS. GROSSMAN, SANDY D MRS. Name: Name: 551 OBSERVER HIGHWAY, APT. #7D Address: 77 PARK AVENUE, APT. 610 Address: HOBOKEN, NJ 07030 US HOBOKEN, NJ 07030 US

City-St-Zip: City-St-Zip:

(X) Change ( ) Addition Title: SD () Delete Title: MACEY, DIANNE L MRS. Name: SWEENEY, ERIN Name: Address: 23123 STATE RD.7 #250 Address: 2107 19TH STREET NW City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: WASHINGTON, DC 20009 US

Title: VD () Delete Title: (X) Change ( ) Addition

SWEENEY, ERIN BOONE, MELANIE A Name: Name: 2107 19TH STREET NW 634 KALOMARA ROAD Address: Address: City-St-Zip: WASHINGTON, DC 20009 City-St-Zip: SYKESVILLE, MD 21784 US

Title: TD (X) Delete Title: () Change () Addition

Name: BOONE, MELANIE Name: Address: 634 KALOMARA ROAD Address: City-St-Zip: SYKESVILLE, MD 21784 US City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE A. BOONE TD 04/28/2004