


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90093 008 ***150.00

DOCUMENT # P12380 1. Entity Name WATERVIEW RESOLUTION CORP.	
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Principal Place of Business C/O PITNEY BOWES CREDIT CORP 27 WATERVIEW DRIVE SHELTON, CT 06484 US	Mailing Address C/O PBI CORP TAX MSC 6101 WORLD HDQTS., 1 ELMCROFT RD STAMFORD, CT 06926-0700 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2301819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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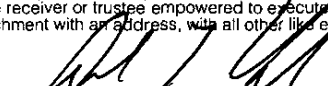
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISSNER, MATTHEW S 9 HUNTINGTON AVE SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOKIDES, DESSA M 380 LAKE AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HENOCK, ARLEN 44 TALMADGE LANE STAMFORD, CT 06905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, KEITH H 100 BROOKDALE RD STAMFORD, CT 06903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF KLEINMAN, DAVID 603 GALLOPING HILL RD FAIRFIELD, CT 06430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

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:  **ARLEN F. HENOCK**
ASS'T. TREASURER
Date _____ Daytime Phone # **1/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR