

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 01, 2005 8:00 am
Secretary of State

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03172005 Chg-P CR2E034 (10/03)

DOCUMENT # P31519 1. Entity Name PREFCO VI INC.					
Principal Place of Business 27 WATERVIEW DR 201 MERRITT SEVEN SHELTON, CT 06484 US			Mailing Address 27 WATERVIEW DR 201 MERRITT SEVEN SHELTON, CT 06484 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1305648	
Zip		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, CHRISTIAN D		NAME		
STREET ADDRESS	27 WATERVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	DC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISSNER, MATTHEW S		NAME		
STREET ADDRESS	1 ELMCROFT RD.		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06926		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, MICHAEL		NAME		
STREET ADDRESS	27 WATERVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	DVC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, KEITH H		NAME		
STREET ADDRESS	27 WATERVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIDEMON, MICHELLE COHN		NAME		
STREET ADDRESS	27 WATERVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALCOTT, JOHN		NAME		
STREET ADDRESS	27 WATERNEW DR		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
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: <u>John Walcott</u> <u>John Walcott - Asst. Secy</u> <u>3/22/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					