

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35406

Entity Name: ROUX ASSOCIATES, INC.

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

209 SHAFER STREET
ISLANDIA, NY 11749 US

New Principal Place of Business:

Current Mailing Address:

209 SHAFER STREET
ISLANDIA, NY 11749 US

New Mailing Address:

FEI Number: 11-2579482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLICKSILVER, HAROLD., CPA
Address: 6300 WESTOVER WAY
City-St-Zip: SOMERSET, NJ 08873

Title: CDT () Delete
Name: ROUX, PAUL,
Address: 20 LLOYD POINT DR
City-St-Zip: HUNTINGTON, NY 11743

Title: DV () Delete
Name: RAM, NEIL
Address: 41 HEMLOCK STREET
City-St-Zip: NEEDHAM, MA

Title: VPD () Delete
Name: POTTER, AMY
Address: 2211 OAKENGATE LANE
City-St-Zip: MIDLOTHIAN, VA 23113

Title: PDS () Delete
Name: SWANSON, DOUGLAS
Address: 139 SUNKEN MEADOW ROAD
City-St-Zip: FT. SALONGA, NY 11768

Title: DV () Delete
Name: SADIKER, STEVEN
Address: 10 DIELEN COURT
City-St-Zip: COMMACK, NY 11725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: POTTER, AMY
Address: 601 HALLSBORO ROAD
City-St-Zip: MIDLOTHIAN, VA 23112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DOUGLAS SWANSON

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03/12/2008

Electronic Signature of Signing Officer or Director

Date