

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35406

Entity Name: ROUX ASSOCIATES, INC.

FILED  
Jan 27, 2009  
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: 601 HALLSBORO ROAD  
City-St-Zip: MIDLOTHIAN, VA 23112

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

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 J. SWANSON

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01/27/2009

Electronic Signature of Signing Officer or Director

Date