

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003718

Entity Name: THE ABB MERCHANDISING CO., INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

C/O CITRIN, COOPERMAN & CO LLP  
529 5TH AVE, 2ND FLOOR  
NEW YORK, NY 10017 US

## New Principal Place of Business:

## Current Mailing Address:

C/O CITRIN, COOPERMAN & CO LLP  
529 5TH AVE, 2ND FLOOR  
NEW YORK, NY 10017 US

## New Mailing Address:

FEI Number: 65-0413758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE XOM  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: BETTS, FORREST R  
Address: %SUPLEE & SHEA, P.A./800 S. OSPREY AVE  
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete  
Name: ALLMAN, GREGORY L  
Address: 343 MILLBURN AVE, SUITE 200  
City-St-Zip: MILLBURN, NJ 07041

Title: VP ( ) Delete  
Name: JAIMOE,  
Address: % COURTNEY FIND & FORBESS 533 COTTAGE  
City-St-Zip: BLOOMFIELD, CT 06002

Title: ST ( ) Delete  
Name: TRUCKS, CLAUDE H  
Address: %KEN GORDON, 525 NORTHLAKE BLVD. #3  
City-St-Zip: NORTH PALM BEACH, FL 33408

## 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:

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: GREGORY ALLMAN

VP

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date