

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 030 ***150.00

DOCUMENT # P93000083446

1. Entity Name
PLI MANAGEMENT CORP.



Principal Place of Business
1061 E INDIANTOWN ROAD
SUITE 310
JUPITER, FL 33477 US

Mailing Address
1061 E. INDIANTOWN ROAD
SUITE 310
JUPITER, FL 33477 US

34077071



2. Principal Place of Business

3. Mailing Address **CHOTAX DEPT**

04202004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15 SECOR RD.

City & State

City & State

BROOKFIELD, CT

4. FEI Number

65-0458543

Applied For

Not Applicable

Zip

Country

Zip

Country

06804

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FEGO, PAUL
STREET ADDRESS 15 SECOR RD
CITY-ST-ZIP BROOKFIELD, CT 06804

TITLE **CHAIRMAN/CEO** ☐ Change ☒ Addition
NAME **CONSTANTINE MACRICOSTAS**
STREET ADDRESS **5509 PENNOCK PT. RD.**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **VP/CFO** ☐ Delete
NAME SMITH, SEAN T
STREET ADDRESS 15 SECOR RD
CITY-ST-ZIP BROOKFIELD, CT 06804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **EDER, JAMES**
STREET ADDRESS 15 SECOR RAD
CITY-ST-ZIP BROOKFIELD, CT 06804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☒ Delete
NAME HICKEY, GREGORY
STREET ADDRESS 15 SECOR ROAD
CITY-ST-ZIP BROOKFIELD, CT 06804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☒ Delete
NAME ROSARIO, DAN
STREET ADDRESS Y
CITY-ST-ZIP BROOKFIELD, CT-06804y

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN T. Smith

Date

Daytime Phone #

203-775-9200