


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000017677  
 1. Entity Name  
 REGENCY MGP CORP.



Principal Place of Business: C/O NORMAN G ORODENKER, 10 WEYBOSSET ST 10TH FL, PROVIDENCE, RI 02903-2818 US  
 Mailing Address: C/O NORMAN G ORODENKER, 10 WEYBOSSET ST 10TH FL, PROVIDENCE, RI 02903-2818 US



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 13-3840323 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AXELROD, ALAN D  
 2500 FIRST UNION FINANCIAL CENTER  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, DANIEL
STREET ADDRESS	1 KENNEY DRIVE
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	T
NAME	BROWN, DOUGLAS
STREET ADDRESS	1 KENNEY DR
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	S
NAME	ORODENKER, NORMAN G
STREET ADDRESS	10 WEYBOSSET ST 10TH FL
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	SCHRETTER, BERNHARD
STREET ADDRESS	115 CONSTITUTION BLVD
CITY-ST-ZIP	FRANKLIN, MA 02038
TITLE	D
NAME	PORETSKY, JOEL
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000371005  
 07/06/05-80005-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: Norman G. Orodener 7/5/05 401-456-1200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Norman G. Orodener, Secretary