

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054585

FILED  
Mar 02, 2004  
Secretary of State

Entity Name: RICHMAN RIVERVIEW, INC.

## Current Principal Place of Business:

319 CLEMATIS ST  
SUITE 901  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

THE BRANDYWINE CENTRE I  
580 VILLAGE BLVD., SUITE 120  
WEST PALM BEACH, FL 33409 US

## Current Mailing Address:

319 CLEMATIS ST  
SUITE 901  
WEST PALM BEACH, FL 33401

## New Mailing Address:

THE BRANDYWINE CENTRE I  
580 VILLAGE BLVD., SUITE 120  
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0855618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE RICHMAN GROUP OF FLORIDA, INC  
319 CLEMATIS ST. #901  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

THE RICHMAN GROUP OF FLORIDA, INC  
THE BRANDYWINE CENTRE I  
580 VILLAGE BLVD., SUITE 120  
WEST PALM BEACH, FL 33409 US

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:

03/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RICHMAN, RICHARD P  
Address: 599 W PUTNAM AVE, STE 3  
City-St-Zip: GREENWICH, CT 068306005

Title: AT ( ) Delete  
Name: KRAFNIK, CHARLES L  
Address: 599 W. PUTNAM AVENUE  
City-St-Zip: GREENWICH, CT 06830

Title: P ( ) Delete  
Name: MILLER, KRISTIN M  
Address: 599 W. PUTNAM AVENUE  
City-St-Zip: GREENWICH, CT 06830

Title: VP ( ) Delete  
Name: SALZMAN, DAVID A  
Address: 599 W. PUTNAM AVENUE  
City-St-Zip: GREENWICH, CT 06830

Title: T ( ) Delete  
Name: LUDEKE, NEAL  
Address: 599 E. PUTNAM AVENUE  
City-St-Zip: GREENWICH, CT 06830

Title: S ( ) Delete  
Name: DODGE, GINA K  
Address: 599 W. PUTNAM AVENUE  
City-St-Zip: GREENWICH, CT 06830

## 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 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 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: KRISTIN M. MILLER

P

03/02/2004

Electronic Signature of Signing Officer or Director

Date