

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V19549

Entity Name: CINQUE SOCI LIMITED INC.

**FILED**  
**Oct 20, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

120 VIADUCT ROAD  
C/O ANTONIA GERARD, BOLLINGER, INC.  
STAMFORD, CT 06907 US

## **Current Mailing Address:**

120 VIADUCT ROAD  
C/O ANTONIA GERARD, BOLINGER, INC.  
STAMFORD, CT 06901 US

## **New Principal Place of Business:**

120 VIADUCT ROAD  
C/O ANTONIA GERARD, BOLLIGER, INC.  
STAMFORD, CT 06907 US

## **New Mailing Address:**

120 VIADUCT ROAD  
C/O ANTONIA GERARD, BOLLIGER, INC.  
STAMFORD, CT 06901 US

FEI Number: 65-0317015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYES ST.  
TALLAHASSEE, FL 32301 US

## **Name and Address of New Registered Agent:**

PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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: LAURA R DUNLAP

10/20/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GERARD, STEPHEN  
Address: 35 VANRENSELAER AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: VPS ( ) Delete  
Name: GERARD, ANTONIA  
Address: 35 VANRENSELAER AVENUE  
City-St-Zip: STAMFORD, CT 06902

Title: AS ( ) Delete  
Name: CLEARY, WARD F  
Address: 666 SUMMER ST  
City-St-Zip: STAMFORD, CT 06901

## **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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WARD F CLEARY

AS

10/20/2006

Electronic Signature of Signing Officer or Director

Date