

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004949

FILED  
Jun 17, 2011  
Secretary of State

**Entity Name:** ADVANCED DELIVERY SYSTEMS, INC.

**Current Principal Place of Business:**

1071 POST ROAD EAST, SUITE 203  
WESTPORT, CT 06880

**New Principal Place of Business:**

**Current Mailing Address:**

1071 POST ROAD EAST, SUITE 203  
WESTPORT, CT 06880

**New Mailing Address:**

**FEI Number:** 06-1037096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: LEVINE, STUART M  
Address: 1071 POST ROAD EAST, SUITE 203  
City-St-Zip: WESTPORT, CT 06880

Title: V  
Name: FOWLER, WAYNE  
Address: 1071 POST ROAD EAST, SUITE 203  
City-St-Zip: WESTPORT, CT 06880

Title: TCD  
Name: LEVINE, STUART M  
Address: 1071 POST ROAD EAST, SUITE 203  
City-St-Zip: WESTPORT, CT 06880

Title: D  
Name: SACKS, HARRY P  
Address: 1071 POST ROAD EAST, SUITE 203  
City-St-Zip: WESTPORT, CT 06880

Title: D  
Name: MONTGOMERY, DAVID E  
Address: 1071 POST ROAD EAST, SUITE 203  
City-St-Zip: WESTPORT, CT 06880

I hereby 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 all other like empowered.

SIGNATURE: STUART M LEVINE

PCD

06/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date