


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F0100004949 1. Entity Name ADVANCED DELIVERY SYSTEMS, INC.	
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Principal Place of Business 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880	Mailing Address 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
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DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1037096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LEVINE, STUART T 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOWLER, WAYNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCADANTE, MARY ANNE 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD LEVINE, STUART M 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, DAVID E 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKS, HARRY P 1071 POST ROAD EAST, SUITE 3 WESTPORT, CT 06880

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05/05/04-80041-008 150.00

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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: MARY ANNE L. MERCADANTE - Mary Anne L. Mercadante V.S. 4/29/04 ²⁰³⁻291-6840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #