

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004949

FILED
Jul 10, 2009
Secretary of State

Entity Name: ADVANCED DELIVERY SYSTEMS, INC.

Current Principal Place of Business:

1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880

New Principal Place of Business:

1071 POST ROAD EAST, SUITE 203
WESTPORT, CT 06880

Current Mailing Address:

1071 POST ROAD EAST, SUITE 3
WESTPORT, CT 06880

New Mailing Address:

1071 POST ROAD EAST, SUITE 203
WESTPORT, CT 06880

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LEVINE, STUART M
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: FOWLER, WAYNE
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

Title: S () Delete
Name: MERCADANTE, MARY ANNE
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

Title: TCD () Delete
Name: LEVINE, STUART M
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

Title: D () Delete
Name: MONTGOMERY, DAVID E
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

Title: D (X) Delete
Name: SACKS, HARRY P
Address: 1071 POST ROAD EAST, SUITE 3
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA MIESIONCZEK

ACCT

07/10/2009

Electronic Signature of Signing Officer or Director

_____ Date