

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001636

Entity Name: MAILROOM HOLDING, INC.

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

ATTN: TAX DEPT.
478 WHEELERS FARMS RD
MILFORD, CT 06461

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPT.
478 WHEELERS FARMS RD
MILFORD, CT 06461

New Mailing Address:

FEI Number: 35-2175001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: _____ 04/20/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: THEIRY, DENIS
Address: 478 WHEELERS FARMS ROAD
City-St-Zip: MILFORD, CT 06461

Title: D/P
Name: LESTRANGE, DENNIS P
Address: 478 WHEELERS FARMS ROAD
City-St-Zip: MILFORD, CT 06461

Title: VP/D
Name: BONASSAR, JOSEPH
Address: 478 WHEELERS FARMS ROAD
City-St-Zip: MILFORD, CT 06461

Title: S
Name: SHANKLE, KIRK
Address: 478 WHEELERS FARMS ROAD
City-St-Zip: MILFORD, CT 06461

Title: T
Name: ASSOUS, FABRICE
Address: 478 WHEELERS FARMS ROAD
City-St-Zip: MILFORD, CT 06461

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: FABRICE ASSOUS CFO 04/20/2011
Electronic Signature of Signing Officer or Director Date