

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001844

FILED
Feb 14, 2008
Secretary of State

Entity Name: MAILROOM FINANCE, INC.

Current Principal Place of Business:

230 LONG HILL CROSS RD
SHELTON, CT 06484

New Principal Place of Business:

478 WHEELERS FARMS RD
MILFORD, CT 06461

Current Mailing Address:

230 LONG HILL CROSS RD
SHELTON, CT 06484

New Mailing Address:

478 WHEELERS FARMS RD
MILFORD, CT 06461

FEI Number: 16-1753763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NANGLE, PATRICK
Address: 230 LONG HILL CROSS RD
City-St-Zip: SHELTON, CT 06484

Title: V () Delete
Name: AMACKER, CARL
Address: 3400 BRIDGE PARKWAY, SUITE 201
City-St-Zip: REDWOOD CITY, CA 94065

Title: S () Delete
Name: BONASSAR, JOSEPH
Address: 230 LONG HILL CROSS ROAD
City-St-Zip: SHELTON, CT 06484

Title: T () Delete
Name: BERSON, BENOIT
Address: 30955 HUNTWOOD AVENUE
City-St-Zip: HAYWARD, CA 94554

Title: D () Delete
Name: VAVRA, JOHN
Address: 19 FOREST PARKWAY
City-St-Zip: SHELTON, CT 06484

Title: D () Delete
Name: O'BRIEN, CHRISTOPHER
Address: 30955 HUNTWOOD AVENUE
City-St-Zip: HAYWARD, CA 94554

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:

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

Title: D (X) Change () Addition
Name: VAVRA, JOHN
Address: 478 WHEELERS FARMS RD
City-St-Zip: MILFORD, CT 06461

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: FRANK CRUDO

CFO

02/14/2008

Electronic Signature of Signing Officer or Director

_____ Date