

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 113243 VFS FINANCING, INC: 3. Street Address Principal Business Office State DANBURY 10 RIVERVIEW DRIVE CT 06810 4. Business Phone No. 5. State of Incorporation 6 SIC Code 203-749-6000 7773 DELAWARE 7. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL SERVICES BUSINESS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Nume Daniel O. Colao Ivan Fong Street Address 10 Riverview Drive 10 Riverview Drive 06810 06810 Danbury CT Danbury Treasurer Name Secretary Name Susan Hermann Ivan Fong Street Address Street Address 10 Riverview Drive 10 Riverview Drive City 7.Ц State 06810 06810 Danbury Danbury 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Daniel Henson Daniel Colao Street Address Street Address 10 Riverview Drive 10 Riverview Drive City State State 06810 06810 CT Danbury CT Danbury Director Name Director Name Ivan Fong Street Address Street Address 10 Riverview Drive Cuy State Zip Zip City State 06810 Danbury CT 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE NPV 100 C This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained begon are true and correct. Signature of Office Ivan Fong Print or Type Name of Officer Secretary FOR SECRETARY OF STATE USE ONLY

Title of Officer



STATE OF RHODE ISLAND. AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BL		<u> </u>			
1. Corporate ID No. 113243	2. Name of Corporation VFS FINANCIN				
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10 RIVERVIEW DRIVE			City	State	Zip \(\sigma \)
4. Business Phone No.	, 	~ , • <u>;</u>	DANBURY	CT S	13.0
2037496000		5. State of Incorporation DELAWARE		i	6: SIC; Cade
7. Brief Description of the Charac	ter of Business Conducte	7			79,7,2
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8. NAMES AND ADDRESSI	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING AT	TACHMENTS
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Daniel O. Colao	• 		· Ivan Fong		- X-1
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City Danbury	State	Zip	City	State	2ip - 77
Secretary Name	CT	06810	Danbury	CT	06810
Ivan Fong			Treasurer Name		25
Street Address	 	····	Susan Hermann		100
10 Riverview Drive			Street Address	. 45.	- 7.7
City	10		.10 Riverview Drive	,	<u> </u>
Danbury	State CT	} '	City Danbury	State	Zip
└─ <u>─</u>	L	1		CT	06810
Director Name	es of the pikeci	OKŚ ("X "BOX FOK <u>Ż</u> I I	TACHMENT) TILL IN SPACE Director Name	S BEFORE USING	ATTACHMENTS :
Daniel S. Henson		,	Daniel O. Colao -	~	}
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10 Riverview Drive	•	•	10 Riverview Drive		SE COPE TO
City	Siale	Zip	City	State	
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Director Name	• • • • • • • • • • •		Director Name		一,5 等學一
Ivan Fong		• •	•		1 22 m
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City	State	. •	City	State	POP TE NE
Danbury	CT	06810	•		三
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	HB	•			
1 1 3 2	4 3		Under penalty of perjury, I	declare and affirm th	hat have examined
		3	this report, including any a	ccompanying schedu	ules and statements,
*113243 FBC,09/92/0441	3/28:18 PME (13)	ا ا	and that all statements cont	ained herein are truc	and correct.
File Date / / 251	104		LUDUVIM	4	9/24/04
19997	ECRETARY CORPORATI	\$	Signature of Office	£ D.	ate
Check No. 1	BECE		Ivan	Fona	
By: AMK	3030		Print or Type Name of Officer	Ū —	
FOR SECRETARY OF STATE U	SE ONLY	,	VP ★ :	Secretary	
OR SECRETARI OF STATE U	SE UNLT	. <u></u>	Tule of Officer	,1	Form 630 12/01



100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u>



Form 630 12/02

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 113243 VFS FINANCING, INC. 3. Street Address Principal Business Office DELAWARE 7773 FILL IN SPACES BEFORE USING ATTACHMENTS Street Address State Zip City ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1.00 1,000 COMM \$1.00 PAR VALUE 1,000 (**ከ ሊህላ ኢህላ** ነ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

5

* 1 1 3 2 4 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 5-16-03	that all statements contained herein are true and correct.
Check No: /6902975	Signature of Officer Date
8y	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	



100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REF	ORT FOR THE	YEAR 2002	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK)			
1. Corporate ID No. 2. Name of Corporation 113243 VFS FINANCING, INC.		· • •	
	Cipi	State	Zip , , , ,
3. Street Address Pincipal Bysiness Office Drive	Danbury	OT	01890
4. Business Phone No. 149 - 4000 DELAWARE	1	-	6. SIC Code 7773
7. Brief Description of the Character of Business Conducted in Rhode Island			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACK President Name . A	IMENT) + FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	IENTS
Mathew Zarvzewski	: Stuart G.	Wessler	
10 RIVENVIEW DVIVE	Sireet Address RIVER VI	ew Drive	
Contoury State CT 210 (48)0	Danbury	State	201210
Monica M. Gauliosi	Stuut 6.	Wessler	
Street Address RIVERVICE DVIVE	Sireet Addies River	view Drive)
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	State () BEFORE USING ATTACK	ZIP O G S NO
Director Name H. CANIA	Monia M		INDIVIO
Sincer Address Diverview Drive		ew Drive	
Danbury state CT 2106810	Dankury	-State	306810
Markew Zakrzewski	Director Name		
Street Address WWW VI EW Drive	Street Address		
Danblury State of Zip 6510	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11. SHARES ISSUED (*x-	BOX FOR ATTACHMENT)	-
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1,000 COMM \$1.00 PAR VALUE	100	C	D
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This report must be signed in ink by either the President, Vice P	resident, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Truste
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File Date:	3.41.62	
Check No.: _	16496401	
Ву:	2	
FOR SECRET	ARY OF STATE USE ONLY	_

Inder penalty of perjury, I declare as	nd affirm that I have examined
his report, including any accompany	ying schedules and statements, and
hat all statements contained herein	are true and correct.

that all statements contained herein are true a	and correct.	
Meandion	_ 1-24-0	2
Signature of Officer	Date	
Megadalaci		
Print or Type Name of Officer		

Title of Officer

Form 630 12101

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 113243 VFS FINANCING, INC. 3. Street Address Pincipal Business Off DELAWARE ZAKRZENOKI 13MID1091 RUBU DRNE RVIEW DRIVE 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* ACES BEFORE USING ATTACHMENTS CRVIEW DRIVE Street Address State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT. 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 1,000 COMM \$1.00 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 1 1 3 2 4 3 *
File Date:	3-12-01
File Dale: Check No.:	15866369
Ву:	Zi.
FOR SECRET	ADV OF STATE LISE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Marina Samalina	2-01-0
Signature of Officer Date	
Print or Type Name of Officer	
Scrinu	