



**STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE**

AZ Corp. Commission



03534361



**DUE ON OR BEFORE** 8/26/2011

**FILING FEE**

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

F-1042851-7

1. Daymon Worldwide Inc. (formerly Daymon Associates Inc.)  
Attn: Deborah Heslenfeld  
100 Fairfield Avenue  
Stamford, CT 06902

**RECEIVED**

**JUN 29 2011**

**Business Phone:** 203-352-7582  
**State of Domicile:** Delaware

(Business phone is optional.)

**ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION**

**Type of Corporation:** S Corporation

2.

Statutory Agent:

Corporation Service Company

Statutory Agent's Street or Physical Address, If Different.

2338 W Royal Palm Road  
Suite J  
Phoenix, Arizona 85024

**ACC USE ONLY**

Fee \$ \_\_\_\_\_  
 Penalty \$ \_\_\_\_\_  
 Reinstatement \$ \_\_\_\_\_  
 Expedite \$ \_\_\_\_\_  
 Resubmit \$ \_\_\_\_\_

*If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.*

*I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.*

\_\_\_\_\_  
 Signature of new Statutory Agent

\_\_\_\_\_  
 Printed Name of new Statutory Agent

**3. Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

**4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.**

BUSINESS CORPORATIONS

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                          |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                                 |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                             |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                         |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing                    |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock                     |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                            |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                         |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                           |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                       |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events                 |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)                  |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)                    |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                       |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services            |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                         |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                              |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care        |
| <input type="checkbox"/> 19. Legal Services     | <input checked="" type="checkbox"/> 38. Other <u>Food Brokerage</u> |

NON-PROFIT CORPORATIONS

- |   |
|---|
| <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. Cooperative Marketing Association                        |
| <input type="checkbox"/> 15. Animal Husbandry   |
| <input type="checkbox"/> 16. Homeowner's Association                                  |
| <input type="checkbox"/> 17. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 18. Other _____  |



**STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE**

AZ Corp. Commission  
03520999



**DUE ON OR BEFORE** 8-26-2010

**FILING FEE**

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

1. F-1042951-T  
Daymon Worldwide Inc. (formerly Daymon Associates Inc)  
Attn: Deborah Hesterfeld  
700 Fairfield Avenue  
Stamford, CT 06902

**Business Phone:** \_\_\_\_\_  
**State of Domicile:** Delaware

(Business phone is optional.)

**Type of Corporation:** Business SCORPORATION

2. **Statutory Agent:**  
Corporation Service Company

**Statutory Agent's Street or Physical Address, if Different.**

2338 W Royal Palm Rd  
Suite J  
Phoenix, AZ 85021

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

<p><i>If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.</i></p> <p><i>I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.</i></p> <p>_____ Signature of new Statutory Agent</p> <p>_____ Printed Name of new Statutory Agent</p>
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3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

500 South 99th Avenue  
Building B  
Tolleson, AZ 85353

**RECEIVED**

MAY 03 2011

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

**BUSINESS CORPORATIONS**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                          |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                                 |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                             |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                         |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing                    |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock                     |
| <input type="checkbox"/> 7. Barber/Coiffure     | <input type="checkbox"/> 26. Real Estate                            |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                         |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                           |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                       |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events                 |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)                  |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)                    |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                       |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services            |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                         |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                              |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care        |
| <input type="checkbox"/> 19. Legal Services     | <input checked="" type="checkbox"/> 38. Other <u>Food Brokerage</u> |

**NON-PROFIT CORPORATIONS**

- |   |
|---|
| <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Hospital/Health  |
| <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. Cooperative Marketing Association                        |
| <input type="checkbox"/> 15. Animal Husbandry   |
| <input type="checkbox"/> 16. Homeowner's Association                                  |
| <input type="checkbox"/> 17. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 18. Other _____  |

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JUN 30 2011

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**5. CAPITALIZATION:**(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

**5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.**

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
<u>12,500,000</u>	<u>Common</u>	<u>N/A</u>

**5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.**

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
<u>10,785,755</u>	<u>Common</u>	<u>N/A</u>

**6. SHAREHOLDERS:**(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

**NONE** ☐ Name: Milton Sender Name: \_\_\_\_\_

Name: Employee Stock Ownership Trust Name: \_\_\_\_\_

**7. OFFICERS**

Name: <u>Milton Sender</u>	Name: <u>Brian Benson</u>
Title: <u>President</u>	Title: <u>Treasurer</u>
Address: <u>700 Fairfield Avenue</u>	Address: <u>219 Saddle Hill Road.</u>
<u>Stamford, CT 06902</u>	<u>Stamford, CT 06903</u>

Date taking office: <u>6/16/2008</u>	Date taking office: <u>6/16/2008</u>
Name: <u>Deborah A. Hesterfeld</u>	Name: <u>Ralph Wright</u>
Title: <u>Assistant Treasurer</u>	Title: <u>Secretary</u>
Address: <u>700 Fairfield Ave</u>	Address: <u>9 Westwood Lane</u>
<u>Stamford, CT 06902</u>	<u>Lincoln, IL 60069</u>

Date taking office: <u>6/16/2008</u>	Date taking office: <u>6/16/2009</u>
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**8. DIRECTORS**

Name: <u>Milton Sender</u>	Name: <u>Peter Brennan</u>
Address: <u>700 Fairfield Ave</u>	Address: <u>63 North Street</u>
<u>Stamford, CT 06902</u>	<u>Greenwich, CT 06830</u>

Date taking office: <u>6/16/2008</u>	Date taking office: <u>6/16/2008</u>
--------------------------------------	--------------------------------------

Name: _____	Name: _____
Address: _____	Address: _____

Date taking office: _____	Date taking office: _____
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**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))**

**Nonprofits** – if your annual report is due on or before September 25, 2008, you **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. **Cooperative marketing associations** must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

**ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**

**9A. MEMBERS (A.R.S. §10-11622(A)(6))**

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

**One box must be marked: YES** ☐ **NO** ☒

If "YES" to A, the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- |   |   |
|---|---|
| 1. Full birth name.   | 5. Date and location of birth.  |
| 2. Full present name and prior names used.                      | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address.  |   |
| 4. All prior addresses for immediately preceding 7 year period. |   |

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

**One box must be marked: YES** ☐ **NO** ☒

If "YES" to B, the following information **must be submitted** as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

**11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)**

A. Has the **corporation** filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** ☐ **NO** ☒

If "Yes" to A, the following information **must be submitted** as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
  - (a) Name and address of each corporation;
  - (b) States in which it: (i) was incorporated and (ii) transacted business.
  - (c) Dates of operation.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Deborah Hestlen Bud Date 6/17/11 Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature [Signature] Signature \_\_\_\_\_  
Title Assistant Treasurer Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)