


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90001 001 ***150.00

DOCUMENT # 820595


1. Entity Name
STUDLEY, INC.



Principal Place of Business 300 PARK AVENUE 3RD FLOOR NEW YORK, NY 10022	Mailing Address 300 PARK AVENUE, 3RD FLOOR ATTN: DANIELLE JOHNS NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE

4004100



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-1813318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLACINO, MICHAEL 52 BEACH STREET, APT 3E NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAUBARD, ROBERT ANDREW SETDMAN 54 FLINT AVE. 127 RALPH AVE LARCHMONT, NY 10538 WHITE PLAINS, NY 10606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STEIR, MITCHELL 120 EAST END AVE. NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP O'NEIL, CHERI 1912 IOWA AVE N E ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF PETRILLO, ALFONSO SVP FIN 2 HERITAGE CT. POMPTON PLAINS, NJ 07444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC STEWART, ANDREW VP CONT 547 BLOOMFIELD STREET APT 2 HOBOKEN, NJ 07030

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/25/06** **(212) 326-1063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #