## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # 835070** 1. Entity Name 04-05-2005 90049 012 \*\*\*150.00 THE BROADSTONE GROUP, INC. Principal Place of Business Mailing Address 888 SEVENTH AVE., SUITE 3400 NEW YORK NY 10106-0199 US 156 WEST 56TH ST, SUITE 1604 NEW YORK NY 10019-3878 2. Principal Place of Business 3. Mailing Address 156 West 56th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite 1604 City & State City & State 4. FEI Number Applied For 13-2813222 New York, New York Not Applicable Zip Country Country USA \$8.75 Additional 10019 Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, SINGERMAN Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE FL 33301 City Zip Code 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition WALLACE, PAUL F NAME NAME STREET ADDRESS 888 SEVENTH AVE., STE 3400 STREET ADDRESS 156 West 56th Street, Suite 1604 CITY-ST-7IP NEW YORK NY 10106-1099 CITY-ST-ZIP New York, NY 10019 ☐ Delete TITLE Change ☐ Addition TITLE NAME LOPATER, LAWRENCE STREET ADDRESS 888 SEVENTH AVE, STE 3400 STREET ADDRESS 156 West 56th Street, Suite 1604 CITY-ST-7IP NEW YORK NY 10106-0199 CITY-ST-ZIP New York, NY 10019 Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME BORY, JUDITH STREET ADDRESS 888 SEVENTH AVE., SUITE 3400 STREET AUDRESS CITY-ST-ZIP NEW YORK NY 10106-0199 CITY-ST-ZIP New York, NY 10019 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

**FILED** 

Judith Bory 212-333-2107 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtme Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.