

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004880

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: CROSBY GP HOLDING, INC.

## Current Principal Place of Business:

273 CORPORATE DR STE 100  
PORTSMOUTH, NH 03801

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3038  
BOCA RATON, FL 33486

## New Mailing Address:

PO BOX 8749  
PRINCETON, NJ 08543

FEI Number: 65-0952944

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: MEAD, ROBERT P  
Address: 273 CORPORATE DR STE 100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: S ( ) Delete  
Name: STAFFORD, RYAN K  
Address: 273 CORPORATE DR STE 100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: D ( ) Delete  
Name: MOROZE, M. BRIAN  
Address: 273 CORPORATE DR STE 100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: T (X) Delete  
Name: ROBINSON, MICHAEL A  
Address: ONE TOWN CENTER ROAD  
City-St-Zip: BOCA RATON, FL 33431

Title: VPAT (X) Delete  
Name: STEVENSON, SCOTT  
Address: ONE TOWN CENTER ROAD  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: MOROZE, M. BRIAN  
Address: 273 CORPORATE DR STE 100  
City-St-Zip: PORTSMOUTH, NH 03801

Title: T (X) Change ( ) Addition  
Name: ABROMEIT, RICHARD H  
Address: 273 CORPORATE DR STE 100  
City-St-Zip: PORTSMOUTH, NH 03801

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT PETER MEAD

P

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date