


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000001419**


1. Entity Name  
**PARTY CITY CORPORATION**



Principal Place of Business      Mailing Address

**400 COMMONS WAY**      **400 COMMONS WAY**  
**ROCKAWAY, NJ 07866 US**      **ROCKAWAY, NJ 07866 US**

**DO NOT WRITE IN THIS SPACE**



03232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**22-3033692**      Not Applicable

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEDOT, NANCY
STREET ADDRESS	400 COMMONS WAY
CITY-ST-ZIP	ROCKAWAY, NJ 07866
TITLE	CFO
NAME	MELNICK, GREG
STREET ADDRESS	400 COMMONS WAY
CITY-ST-ZIP	ROCKAWAY, NJ 07866
TITLE	TD
NAME	ALMERINI, ROBERT
STREET ADDRESS	400 COMMONS WAY
CITY-ST-ZIP	ROCKAWAY, NJ 07866
TITLE	D
NAME	PYONTEK, RICHARD
STREET ADDRESS	400 COMMONS WAY
CITY-ST-ZIP	ROCKAWAY, NJ 07866
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80039-015 158.75

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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.

SIGNATURE:       Date: **4/8/05**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR