

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005742

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** CHAPDELAINE CORPORATE BROKERS, INC.

**Current Principal Place of Business:**

ONE SEAPORT PLAZA  
17TH FLOOR  
NEW YORK, NY 10038

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SEAPORT PLAZA  
17TH FLOOR  
NEW YORK, NY 10038

**New Mailing Address:**

**FEI Number:** 13-3448902      **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: C ( ) Delete  
Name: CHAPDELAINE, RICHARD F  
Address: ONE SEAPORT PLAZA  
City-St-Zip: NEW YORK, NY 10038

Title: PD ( ) Delete  
Name: WALSH, MICHAEL E  
Address: ONE SEAPORT PLAZA  
City-St-Zip: NEW YORK, NY 10038

Title: S ( ) Delete  
Name: BAILEY, AGNES  
Address: ONE SEAPORT PLAZA  
City-St-Zip: NEW YORK, NY 10038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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: MICHAEL WALSH

MR.

02/07/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date