


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 048 ***158.75

DOCUMENT # F97000001301. 1. Entity Name MARTIN STUART, LTD., INC.	
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Principal Place of Business 1400 BROADWAY, STE 2101 NEW YORK, NY 10018	Mailing Address 1400 BROADWAY, STE 2101 NEW YORK, NY 10018
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3536644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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**

**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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANSENS, CHRISTOPHER 3420 BELL ATLANTIC TOWER, 1717 ARCH ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, CHRISTIAN 3420 BELL ATLANTIC TOWER, 1717 ARCH ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DCOO DE MARCO, NICHOLAS 1400 BROADWAY, STE 2101 NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DCBO PALMERI, PAUL 1400 BROADWAY, STE 2101 NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP P WHALEN, MARTIN 1400 BROADWAY, STE 2101 NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **7/7/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #