2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 09, 2005 08:00 AM DOCUMENT # F98000004348 **Secretary of State** 1. Entity Name NATIONAL FLAG & DISPLAY CO., INC. Principal Place of Business Mailing Address 22 WEST 21 STREET 22 WEST 21 STREET NEW YORK NY 10003 NEW YORK NY 10003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 22-2584917 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when teinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. PCD TIFLE TITLE ☐ Change Addition Delete SIEGEL, ALAN R MAME NAME 50 BARNSDALE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP SHORT HILLS NJ CITY-ST-ZIP 1100000220976 VTD TITLE ☐ Delete TITLE Change ☐ Addition SIEGEL, HOWARD J 02/09/05-80013-004 150.00 STREET ADDRESS 44 GRAMERCY PARK NORTH #15C STREET ADDRESS CITY-ST-ZIP NEW YORK NY CHTY-ST-ZIP m_{ℓ} SD Delete DHE Change Maddition Addition NAME SIEGEL, BARBARA NAME STREET ADDRESS STREET ADDRESS 50 BARNSDALE ROAD CITY-ST-7IP SHORT HILLS NJ CITY - ST - ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF Change Delete TOTAL Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CHY-ST-ZiP 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 1 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 truetee empowered presented 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 applicables, with all other like empowered.