

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # F98000004348**

1. Entity Name  
**NATIONAL FLAG & DISPLAY CO., INC.**



Principal Place of Business

**22 WEST 21 STREET  
7TH FL  
NEW YORK, NY 10003**

Mailing Address

**22 WEST 21 STREET  
7TH FL  
NEW YORK, NY 10003**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-2584917**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SALWAY, SCOTT  
3827 N. ANDEWS AVENUE  
FT. LAUDERDALE, FL 33309**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
SIEGEL, ALAN R  
22WEST 21ST STREET 7TH FLOOR  
NEW YORK, NY 10010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
SIEGEL, HOWARD J  
22 WEST 21ST STREET 7TH FLOOR  
NEW YORK, NY 10010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SIEGEL, BARBARA  
22 WEST 21ST STREET 7TH FLOOR  
NEW YORK, NY 10010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/18/08-80021-024 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Alan R. Siegel*, President **Alan R. Siegel**, 01/07/08 212/462-4000