

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004630

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: C/HP COVE, INC.

**Current Principal Place of Business:**

1500 SOUTHERN CROSS LANE  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

1090 VERMONT AVENUE, N.W.  
SUITE 400  
WASHINGTON, DC 20005 US

**New Mailing Address:**

122 EAST 42ND STREET  
SUITE 3605  
NEW YORK, NY 10168 US

FEI Number: 52-1949584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEHRETAB, GHEBRE S  
Address: 1090 VERMONT AVENUE., N.W. SUTIE 400  
City-St-Zip: WASHINGTON, DC 20005

Title: DV ( ) Delete  
Name: CORBETT, JOHN  
Address: 319 CLEMATIS STREET, SUITE 409  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVS ( ) Delete  
Name: WIEDORFER, JOSEPH P  
Address: 1090 VERMONT AVE., N.W., SUITE 400  
City-St-Zip: WASHINGTON, DC 20005

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

Title: DP (X) Change ( ) Addition  
Name: MEHRETAB, GHEBRE S  
Address: 122 EAST 42ND STREET, SUITE 3605  
City-St-Zip: NEW YORK, NY 10168

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMS G. VACCARO

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date