

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90259 012 ***150.00

DOCUMENT # P07749

1. Entity Name
CHANEL, INC.



Principal Place of Business

**876 CENTENNIAL AVE
PISCATAWAY, NJ 08855**

Mailing Address

**876 CENTENNIAL AVE
PISCATAWAY, NJ 08855**

20045789



04082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-0565120		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERTHEIMER, ALAIN			NAME			
STREET ADDRESS	9 WEST 57 STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPELMAN, ARIE			NAME			
STREET ADDRESS	9 WEST 57TH STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEILBRONN, CHARLES			NAME			
STREET ADDRESS	9 WEST 57 STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, MICHAEL F.			NAME			
STREET ADDRESS	9 WEST 57TH STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GANNON, DENNIS			NAME	CHIQUET, MAUREEN		
STREET ADDRESS	9 WEST 57 STREET			STREET ADDRESS	9 WEST 57th Street		
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP	NEW YORK, NY		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	ELLMER, KENNETH		
STREET ADDRESS				STREET ADDRESS	9 WEST 57th Street		
CITY-ST-ZIP				CITY-ST-ZIP	NEW YORK, NY		

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. 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: Kenneth Ellmer **KENNETH ELLMER** (732) 885-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #