

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-0565120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000156556
05/05/04-80082-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WERTHEIMER, ALAIN
9 WEST 57 STREET
NEW YORK, NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KOPELMAN, ARIE
9 WEST 57TH STREET
NEW YORK, NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HEILBRONN, CHARLES
9 WEST 57 STREET
NEW YORK, NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
MURPHY, MICHAEL F.
9 WEST 57TH STREET
NEW YORK, NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GANNON, DENNIS
9 WEST 57 STREET
NEW YORK, NY**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec. Dir. of Treasury Tax 4/26/04 (732) 885-5500

Date

Daytime Phone #