

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003616

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: HOLLIDAY GP CORP.

## Current Principal Place of Business:

ONE POST OAK CENTRAL  
2000 POST OAK BLVD., SUITE 2000  
HOUSTON, TX 77056

## New Principal Place of Business:

## Current Mailing Address:

429 FOURTH AVENUE  
SUITE 200  
PITTSBURGH, PA 15219

## New Mailing Address:

FEI Number: 27-0057192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PELUSI, JOHN H JR.  
Address: 429 FOURTH AVE., SUITE 200  
City-St-Zip: PITTSBURGH, PA 15219

Title: VSD ( ) Delete  
Name: GIBSON, MARK  
Address: 8401 N. CENTRAL EXPWY, SUITE 400  
City-St-Zip: DALLAS, TX 75225

Title: V ( ) Delete  
Name: CURTIS, DON  
Address: 3333 MICHELSON DRIVE, SUITE 510  
City-St-Zip: IRVINE, CA 92612

Title: V ( ) Delete  
Name: CUCCIA, ANTONY  
Address: 200 PARK AVENUE, SUITE 220  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: V ( ) Delete  
Name: KELLER, DAVID  
Address: ONE INDIANA SQUARE, SUITE 1330  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: TD ( ) Delete  
Name: FOWLER, JOHN  
Address: ONE POST OFFICE SQUARE, SUITE 3500  
City-St-Zip: BOSTON, MA 02109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JOHN H. PELUSI, JR.

PD

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date