


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 026 ***150.00

DOCUMENT # F03000003616

1. Entity Name
HOLLIDAY GP CORP.



Principal Place of Business
**ONE POST OAK CENTRAL
 2000 POST OAK BLVD., SUITE 2000
 HOUSTON, TX 77056**

Mailing Address
**429 FOURTH AVENUE
 SUITE 200
 PITTSBURGH, PA 15219**

40034000

2. Principal Place of Business - No P.O. Box #
9 Greenway Plaza

3. Mailing Address
301 Grant Street

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 600



04262007 Chg-P CR2E034 (12/06)

City & State
Houston, TX

City & State
Pittsburgh, PA

4. FEI Number
27-0057192

Applied For
 Not Applicable

Zip
77046

Country

Zip
15219

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELUSI, JOHN H JR.	
STREET ADDRESS	429 FOURTH AVE., SUITE 200	
CITY-ST-ZIP	PITTSBURGH, PA 15219	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GIBSON, MARK	
STREET ADDRESS	8401 N. CENTRAL EXPWY, SUITE 400	
CITY-ST-ZIP	DALLAS, TX 75225	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURTIS, DON	
STREET ADDRESS	3333 MICHELSON DRIVE, SUITE 510	
CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUCCIA, ANTONY	
STREET ADDRESS	200 PARK AVENUE, SUITE 220	
CITY-ST-ZIP	FLORHAM PARK, NJ 07932	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLER, DAVID	
STREET ADDRESS	ONE INDIANA SQUARE, SUITE 1330	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOWLER, JOHN	
STREET ADDRESS	ONE POST OFFICE SQUARE, SUITE 3500	
CITY-ST-ZIP	BOSTON, MA 02109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	One Oxford Centre	
STREET ADDRESS	301 Grant Street, Suite 600	
CITY-ST-ZIP	Pittsburgh, PA 15219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuccia, Anthony	
STREET ADDRESS	200 Park Avenue, Suite 110	
CITY-ST-ZIP	Florham Park, NJ 07432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: _____ **John H. Pelysi, Jr. President 4/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

412-281-8714