

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90019 019 \*\*\*150.00

**DOCUMENT # 819051**

1. Entity Name  
BLC CORPORATION



Principal Place of Business  
450 MAMARONECK AVE  
HARRISON, NY 10528 US

Mailing Address  
250 E. CORPORATE FREEWAY  
H03-17  
IRVING, TX 75062 US

**40018614**



01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
04-2377014

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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

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, 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 PD  
NAME ALEMANY, ELLEN ☐ Delete  
STREET ADDRESS 388 GREENWICH ST. 29TH FL  
CITY-ST-ZIP NEW YORK, NY 10043

TITLE PD  
NAME Ellen Alemany ☒ Change ☐ Addition  
STREET ADDRESS 389 Park Ave  
CITY-ST-ZIP New York, NY 10022

TITLE VS  
NAME SCHULTZ, CURT A ☐ Delete  
STREET ADDRESS 450 MAMARONECK AVE.  
CITY-ST-ZIP HARRISON, NY 10528

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MUNDY, EDWARD S ☐ Delete  
STREET ADDRESS 450 MAMARONECK AVE.  
CITY-ST-ZIP HARRISON, NY 10528

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME SMITH, PATRICK C ☒ Delete  
STREET ADDRESS 8001 RIDGEPOINT DR.  
CITY-ST-ZIP IRVING, TX 75063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME BARBER, MICHAEL G ☐ Delete  
STREET ADDRESS 250 CARPENTER FREEWAY  
CITY-ST-ZIP IRVING, TX 75062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME STONE, DONNA S ☐ Delete  
STREET ADDRESS 250 CAPRENTER FREEWAY  
CITY-ST-ZIP IRVING, TX 75062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Donna S Stone* / DONNA S Stone

1-31-05

972-6521717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #