



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 838245 1. Entity Name F. SCHUMACHER & CO. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 79 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10016-7802 US | Mailing Address 79 MADISON AVE 16TH FLOOR ATTENTION: TAX NEW YORK, NY 10016-7802 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 13-1279190 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

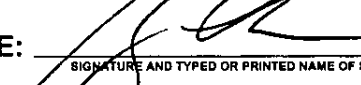
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000626734
 02/15/07-80034-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PUSCHEL, PHILIP P. GEER MOUNTAIN RD. S. KENT, CT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PUSCHEL, G. W. MAYFAIR LANE GREENWICH, CT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHEVALLIER, RAYMOND 79 MADISON AVE. NEW YORK, NY 10016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT MYERS, RONALD 79 MADISON AVE NEW YORK, NY 10016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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 all other like empowered.

SIGNATURE:  Raymond Chevallier Date: 1/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #