

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838245

FILED
Apr 15, 2009
Secretary of State

Entity Name: F. SCHUMACHER & CO.

Current Principal Place of Business:

79 MADISON AVENUE
15TH FLOOR
NEW YORK, NY 100167802 US

New Principal Place of Business:

Current Mailing Address:

79 MADISON AVE
15TH FLOOR
NEW YORK, NY 100167802 US

New Mailing Address:

FEI Number: 13-1279190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CD () Delete
Name: PUSCHEL, PHILIP P.
Address: GEER MOUNTAIN RD.
City-St-Zip: S. KENT, CT

Title: PD () Delete
Name: PUSCHEL, G. W.
Address: MAYFAIR LANE
City-St-Zip: GREENWICH, CT

Title: T () Delete
Name: GERBOTH, ROBERT
Address: 79 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: AT () Delete
Name: GRAVES, CHARLES
Address: 79 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: PUSCHEL, PHILIP P
Address: JOEWOOD DRIVE
City-St-Zip: SANIBEL, FL 33957 US

Title: PD (X) Change () Addition
Name: PUSCHEL, GERALD W
Address: MAYFAIR LANE
City-St-Zip: GREENWICH, CT 06831 US

Title: T (X) Change () Addition
Name: GERBOTH, ROBERT
Address: 79 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016 US

Title: AT (X) Change () Addition
Name: GRAVES, CHARLES
Address: 79 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016 US

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES GRAVES

AT

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date