

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
2004

04 MAR 29 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5617450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**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

3/8/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BALZER, GIORGIO ONE LIBERTY PLAZA NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARNICELLI, CHRISTOPHER ONE LIBERTY PLAZA NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP MARTINI, JOHN ONE LIBERTY PLAZA NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LAZARO, TOMASITO A ONE LIBERTY PLAZA NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP D'AMATO, RICHARD G ONE LIBERTY PLAZA NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS MASTROSERIO, ANGELA ONE LIBERTY PLAZA NEW YORK, NY 10006

700031549067  
03/31/04--01019--007 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

212-602-7600

Date

Daytime Phone #