

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90085 049 ***150.00

40099702



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-5617450

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SVPS
NAME	MASTROSERIO, ANGELA
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	C
NAME	CARNICELLI, CHRISTOPHER
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	P
NAME	MARTINI, JOHN
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	SVP
NAME	MENENDEZ, JOSE
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	SVP
NAME	CANEDA, MAURICIO
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	SVPS
NAME	MASTROSERIO, ANGELA
STREET ADDRESS	ONE LIBERTY PLAZA
CITY-ST-ZIP	NEW YORK, NY 10006

**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:

Angela Mastrosorio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06
Date

212-602-7600
Daytime Phone #