

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90382 045 \*\*\*\*61.25

**14012156**



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
13-6022042

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**

METZ, STEPHEN W  
215 SOUTH MONROE ST., SUITE 505  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE VPT  
NAME CHINERY, GARY  
STREET ADDRESS 730 3RD AVE.  
CITY-ST-ZIP NEW YORK, NY 100173206

TITLE P  
NAME ALLISON, HERBERT M JR  
STREET ADDRESS 730 THIRD AVENUE  
CITY-ST-ZIP NEW YORK, NY 100173206

TITLE VP  
NAME MONRAD, ELIZABETH A  
STREET ADDRESS 730 THIRD AVE.  
CITY-ST-ZIP NEW YORK, NY 100173206

TITLE VP  
NAME MARTENS, ERWIN W  
STREET ADDRESS 730 THIRD AVENUE  
CITY-ST-ZIP NEW YORK, NY 100173206

TITLE VCCI  
NAME LEIBOWITZ, MARTIN L  
STREET ADDRESS 730 THIRD AVE  
CITY-ST-ZIP NEW YORK, NY 100173206

TITLE EVP  
NAME EVANS, SCOTT C  
STREET ADDRESS 730 THIRD AVE  
CITY-ST-ZIP NEW YORK, NY 100173206

**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 617, 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

Date

Daytime Phone #