

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90257 001 \*\*\*150.00

**DOCUMENT # F00000006642**

1. Entity Name  
TRANSWESTERN COMMUNICATIONS COMPANY, INC.



90033333



Principal Place of Business  
8344 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111

Mailing Address  
8344 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111

2. Principal Place of Business

3. Mailing Address

398 Reckson Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006

Chg-P

CR2E034 (11/05)

City & State

City & State

Uniondale NY

4. FEI Number

33-0572458

Applied For

Not Applicable

Zip

Country

Zip

11556

Country

Nassau

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PUENTE, RICARDO	
STREET ADDRESS	8344 CLAIREMONT MESA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BLOCH, LAURENCE H	
STREET ADDRESS	8344 CLAIREMONT MESA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FIORITO, JOAN M	
STREET ADDRESS	8344 CLAIREMONT MESA BLVD	
CITY-ST-ZIP	SAN DIEGO, CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRY, CHRISTOPHER J	
STREET ADDRESS	191 NORTH WACKER DRIVE, SUITE 1100	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEDNER, MARCUS	
STREET ADDRESS	191 NORTH WACKER DRIVE, SUITE 1100	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOLL, C. HUNTER	
STREET ADDRESS	100 FEDERAL STREET, 35TH FLOOR	
CITY-ST-ZIP	BOSTON, MA 02110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul D. Rouse	
STREET ADDRESS	398 Reckson Plaza	
CITY-ST-ZIP	Uniondale, NY 11556	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J. Butler	
STREET ADDRESS	398 Reckson Plaza	
CITY-ST-ZIP	Uniondale, NY 11556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 6, 2006

516-730-1709