

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 006 ***150.00

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01052005 Chg-P CR2E034 (10/03)

4. FEI Number **13-4134467** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TOBIN, SUSAN F	
STREET ADDRESS	11 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONIS, CARLOS	
STREET ADDRESS	11 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DETWILER, JEFFREY S	
STREET ADDRESS	302 CARNEGIE CTR., 2ND FLOOR	
CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE	VPDT	<input type="checkbox"/> Delete
NAME	FLYNN, EDWARD W	
STREET ADDRESS	11 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10010	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, DANIEL W	
STREET ADDRESS	302 CARNEGIE CIR 2ND FL	
CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan F. Tobin	
STREET ADDRESS	11 Madison Avenue	
CITY-ST-ZIP	New York, NY 10010	
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 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: **Ed. Edward W Flynn**

2-4-05 212-325-5832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #