

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004230

Entity Name: CPK, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

C/O LOEB PARTNERS REALTY
521 FIFTH AVENUE, SUITE 2300
NEW YORK, NY 10175

New Principal Place of Business:

Current Mailing Address:

C/O LOEB PARTNERS REALTY
521 FIFTH AVENUE, SUITE 2300
NEW YORK, NY 10175

New Mailing Address:

FEI Number: 22-2983931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LESSER, JOSEPH S
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: VP () Delete
Name: NAUGHTON, GARY L
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: SAT () Delete
Name: MOSBERG, PHYLLIS
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: DVP () Delete
Name: GORDON, ALAN L
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: DVP () Delete
Name: FALK, BERNARD B
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: AST () Delete
Name: OSDoby, STEVEN L
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SAT (X) Change () Addition
Name: KENNEDY, PHYLLIS
Address: 521 FIFTH AVENUE, STE. 2300
City-St-Zip: NEW YORK, NY 10175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN L. GORDON

DVP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date