## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004880

Entity Name: CROSBY GP HOLDING, INC.

Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 273 CORPORATE DR STE 100 PORTSMOUTH, NH 03801 **Current Mailing Address: New Mailing Address:** PO BOX 3038 PO BOX 8749 BOCA RATON, FL 33486 PRINCETON, NJ 08543 FEI Number: 65-0952944 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MEAD, ROBERT P Name: Name: 273 CORPORATE DR STE 100 Address: Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition STAFFORD, RYAN K Name: Name: MOROZE, M. BRIAN 273 CORPORATE DR STE 100 273 CORPORATE DR STE 100 Address: Address: PORTSMOUTH, NH 03801 PORTSMOUTH, NH 03801 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: MOROZE, M. BRIAN ABROMEIT, RICHARD H Name: Name: 273 CORPORATE DR STE 100 273 CORPORATE DR STE 100 Address: Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip: PORTSMOUTH, NH 03801 Title: (X) Delete Title: () Change () Addition ROBINSON, MICHAEL A Name: Name: Address: ONE TOWN CENTER ROAD Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: **VPAT** (X) Delete Title: () Change () Addition STEVENSON, SCOTT Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

Ρ SIGNATURE: ROBERT PETER MEAD 04/14/2004

ONE TOWN CENTER ROAD

BOCA RATON, FL 33486

Address: City-St-Zip: