

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 024 ***550.00

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|---|---|--|--|---|--|
| DOCUMENT # F01000005099 1. Entity Name 5858 INTERNATIONAL DRIVE HOTEL INC. | | | |  | |
| Principal Place of Business 575 WASHINGTON BLVD 21ST FLOOR JERSEY CITY NJ 07310 | | | | Mailing Address 575 WASHINGTON BLVD 21ST FLOOR JERSEY CITY NJ 07310 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 13-4190003 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCDONAGH, JOHN P 270 PARK AVENUE 20TH FLOOR NEW YORK NY 10017 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HARRINGTON, JOSEPH JR 270 PARK AVENUE 20TH FLOOR NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kulnis, Miriam T. 270 Park Avenue, 20 Fl. New York, NY 10017 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JOSEPH, MARIE 575 WASHINGTON BLVD 21 FLOOR JERSEY CITY NJ 07310 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Pres./Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sanders, Curtis O 575 Washington Blvd., 21 Fl. Jersey City, New Jersey 07310-1680 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CAMPBELL, KENTON A 575 WASHINGTON BLVD 21 FLOOR JERSEY CITY NJ 07310 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OGLE, DOUGLAS T 575 WASHINGTON BLVD 21 FLOOR JERSEY CITY NJ 07310 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: Kenton A. Campbell, VP/Asst. Secy <i>Kenton A Campbell</i> 08/25/04 (201) 595-6870 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |