

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005542	
1. Entity Name DOUGLAS COLONNADE SPE CORP.	

Principal Place of Business C/O COLONNADE PROPERTIES LLC ONE ROCKEFELLER PLACE, STE 2300 NEW YORK, NY 10020	Mailing Address C/O COLONNADE PROPERTIES LLC ONE ROCKEFELLER PLACE, STE 2300 NEW YORK, NY 10020
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0533901	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES INC. ONE SE THIRD AVE. 28TH FLOOR MIAMI, FL 33131
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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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMBUCO, JOSEPH ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO TAYLOR, PAUL E III ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MANEY, MICHEAL H ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANEY, MICHEAL H ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VUKVICH, KAREN ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRIESSEN, DAWN M ONE ROCKEFELLER PLACE SUITE 2300 NEW YORK, NY 10020

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Joe Sambuco	3/12/04	(212) 632-6900
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