


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000006047
 1. Entity Name
 MCROBERTS PROTECTIVE AGENCY, INC.



Principal Place of Business: 13 SOUTH WILLIAM STREET, NEW YORK, NY 10004
 Mailing Address: 13 SOUTH WILLIAM STREET, NEW YORK, NY 10004

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number: 13-5240158 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	CP
NAME	MCROBERTS, MEREDITH
STREET ADDRESS	13 SOUTH WILLIAM STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	D
NAME	STEIN, NANCY
STREET ADDRESS	13 SOUTH WILLIAM STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	D
NAME	LUTZ, MICHAEL
STREET ADDRESS	13 SOUTH WILLIAM STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	ST
NAME	CHLUDZINSKI, JEFFREY J
STREET ADDRESS	13 SOUTH WILLIAM STREET
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: JEFFREY CHLUDZINSKI, COO / ST Date: 3/14/05 Daytime Phone #: 212-425-2500