

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-30-2004 90009 025 \*\*\*550.00

<b>DOCUMENT # F01000006141</b>	
<b>1. Entity Name</b> 7400 INTERNATIONAL DRIVE HOTEL & RESORT INC.	

<b>Principal Place of Business</b> 575 WASHINGTON BLVD, BLVD 21FL JERSEY CITY NJ 07310-1680	<b>Mailing Address</b> 575 WASHINGTON BLVD, BLVD 21FL JERSEY CITY NJ 07310-1680
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

<b>4. FEI Number</b> 13-4192310		<b>Applied For</b>
		<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	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"/>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> MCDONAGH, JOHN P 380 MADISON AVE., 9TH FLOOR NEW YORK NY 10017 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> HARRINGTON, JOSEPH H JR 380 MADISON AVENUE, 9TH FLOOR NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> Kulnis, Miriam t. 270 Park Avenue, 20Floor New York, NY 10017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> JOSEPH, MARIE Y 575 WASHINGTON BLVD, BLVD 21FL JERSEY CITY NJ 07310-1680 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres/ Secretary</b> Sanders, Curtis O. 575 Washingto Blvd., 21 Fl. Jersey City, New Jersey 07310-1680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> CAMPBELL, KENTON A 575 WASHINGTON BLVD, BLVD 21FL JERSEY CITY NJ 07310-1680 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> OGLE, DOUGLAS T 575 WASHINGTON BLVD, BLVD 21FL JERSEY CITY NJ 07310-1680 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 *Kenton A Campbell* 201-595-6870 08/25/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #