

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90044 033 \*\*\*150.00

DOCUMENT # F02000000639



1. Entity Name  
FA HQ, INC.

Principal Place of Business  
ONE CROSFIELD AVENUE  
WEST NYACK NY 10994

Mailing Address  
P O BOX 141269  
IRVING TX 75014-1269

50018718



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
75-2966481

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEVILLE, R. SHAWN	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	APPLBAUM, LEE	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MARY BETH	
STREET ADDRESS	3201 W. ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COLTER, WARREN	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, MICHEAL	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GALANTE, ANDREA	
STREET ADDRESS	3201 W. ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Richards	
STREET ADDRESS	933 MacARTHUR BLVD.,	
CITY-ST-ZIP	MAHWAH, NJ 07430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Garahan	
STREET ADDRESS	67 MILLBROOK ST.,	
CITY-ST-ZIP	WORCESTER, MA 01606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: TIMOTHY GARAHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB - 7 2005

Date

Daytime Phone #