

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 042 ***150.00

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04052005 Chg-P CR2E034 (10/03)

4. FEI Number **01-0591701** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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 \$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	P	<input type="checkbox"/> Delete
NAME	MACDONALD, SCOTT	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS, 12TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DEAN	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS, 12TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DSGC	<input type="checkbox"/> Delete
NAME	SIEGEL, STEVEN F	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS, 12TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS, 12TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUFRANO, GLENN J	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS, 12TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Bernstein	
STREET ADDRESS	420 Lexington Avenue, 7th Floor	
CITY-ST-ZIP	New York, NY 10170	
TITLE	DSCGEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven F. Siegel	
STREET ADDRESS	420 Lexington Avenue, 7th Floor	
CITY-ST-ZIP	New York, NY 10170	
TITLE	TSVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Brown	
STREET ADDRESS	420 Lexington Avenue, 7th Floor	
CITY-ST-ZIP	New York, NY 10170	
TITLE	DCEQ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn J. Rufrano	
STREET ADDRESS	420 Lexington Avenue, 7th Floor	
CITY-ST-ZIP	New York, NY 10170	
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: Steven F. Siegel 4/7/2005 (212) 869-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #