

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 035 ***150.00

40046330



03222007 Chg-P CR2E034 (12/06)

4. FEI Number
23-2920036

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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | CEOD | <input type="checkbox"/> Delete |
| NAME | BERNARD, ROBERT | |
| STREET ADDRESS | 435 HUDSON STREET | |
| CITY-ST-ZIP | NEW YORK, NY 10014 | |
| TITLE | COOD | <input type="checkbox"/> Delete |
| NAME | KILLOUGH, WALTER | |
| STREET ADDRESS | 435 HUDSON STREET | |
| CITY-ST-ZIP | NEW YORK, NY 10014 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | TAFFET, EDWARD | |
| STREET ADDRESS | 435 HUDSON STREET | |
| CITY-ST-ZIP | NEW YORK, NY 10014 | |
| TITLE | CFO | <input checked="" type="checkbox"/> Delete |
| NAME | HLOWKO, JOHN | |
| STREET ADDRESS | 435 HUDSON STREET | |
| CITY-ST-ZIP | NEW YORK, NY 10014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stephen Feldman | |
| STREET ADDRESS | 435 Hudson Street | |
| CITY-ST-ZIP | New York, NY 10014 | |
| 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 exemptions contained in Chapter 119, 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: *Stephen Feldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07
Date

212-807-9060
Daytime Phone #