

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90286 038 ***150.00

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1. Entity Name
CC(MULTI)GP QRS 12-62, INC.



Principal Place of Business
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020

Mailing Address
50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NY 10020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0445196

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME CD
CAREY, WILLIAM P ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
NEILEY, DONNA ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
HARRIS, BENJAMIN P ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
KEHOE, ROBERT C ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
TERMINE, DAVID G ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
BURDETTE, TIMOTHY W ☐ Delete
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME AT
LAM, AMY-Y. ☐ Change ☒ Addition
STREET ADDRESS
50 ROCKEFELLER PLAZA, 2ND FL
CITY-ST-ZIP NEW YORK, NEW YORK 10020

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:

Amy Y. Lam

AMY Y. LAM, ASSISTANT TREASURER

4/28/04

212 492 1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #