


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002562 1. Entity Name GPF, INC.	
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Principal Place of Business 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010	Mailing Address 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1547307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entry 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GOULD, HARRY E JR. 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATTHEWS, CARL 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, ROBERT I 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS PEARL, MICHAEL 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MALIA, GERALDINE 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MULLEN, PATRICK 11 MADISON AVENUE - 14TH FLOOR NEW YORK, NY 10010

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04/30/04-80100-018 150.00

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: PATRICK MULLEN 4/26/04 212.301.8689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #