

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90001 023 \*\*\*150.00

**DOCUMENT # F02000003535**

1. Entity Name  
**TRENDS (FL) QRS 15-6, INC.**



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

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

**50063278**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**01-0730209**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

TITLE **AS** ☐ Delete  
NAME **LYONS, STEPHEN M III**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **P** ☐ Delete  
NAME **COOLIDGE, ANNE R**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **SD** ☐ Delete  
NAME **HYDE, SUSAN C**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **V** ☒ Delete  
NAME **WHITING, GORDON J**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **V** ☐ Delete  
NAME **BIGLER, DEBRA E**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10020**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **YASMIN GUERRERO**  
CITY-ST-ZIP **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
**NEW YORK, NEW YORK 10020-1605**

TITLE ☐ Change ☒ Addition  
NAME **SECOND VICE PRESIDENT**  
STREET ADDRESS **CARYN E. JANES**  
CITY-ST-ZIP **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
**NEW YORK, NEW YORK 10020-1605**

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

TITLE ☐ Change ☐ 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:**

*Caryn E. Janes*

**CARYN E. JANES, SECOND VICE PRESIDENT**

*7/28/05*

Date

**212-492-1100**

Daytime Phone #