


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90157 049 ***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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0730209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAREY, WILLIAM P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYONS, STEPHEN M III 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOLIDGE, ANNE R 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYDE, SUSAN C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, YASMIN 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGLER, DEBRA E 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Anson Wong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ANSON S. WONG, ASSISTANT TREASURER 4/20/2006 <small>Date</small>		
212-492-1100 <small>Daytime Phone #</small>					