


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90426 036 \*\*\*150.00

<b>DOCUMENT # F02000003535</b>	
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
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40089939



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0730209	Applied For <input type="checkbox"/> Not Applicable
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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	
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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			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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYONS, STEPHEN M III 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete	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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BENJAMIN PAUL HARRIS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYDE, SUSAN C 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER ANSON S. WONG 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT GEORGIA POLITAKIS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGLER, DEBRA E 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	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:** ANSON S. WONG, ASSISTANT TREASURER 4/24/2007 212-492-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #