

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90286 043 \*\*\*150.00

**DOCUMENT # F02000003951**

1. Entity Name  
**ONE CABIN INTERIOR QRS (FL) 15-9, 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

**02-0636383**

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

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

TITLE: **VC** ☐ Delete  
NAME: **DUGAN, GORDON F**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP: **NEW YORK, NY 10020**

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

TITLE: **VC** ☐ Delete  
NAME: **CAREY, FRANCIS J**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP: **NEW YORK, NY 10020**

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

TITLE: **D** ☐ Delete  
NAME: **MUNSON, ELIZABETH**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP: **NEW YORK, NY 10020**

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

TITLE: **D** ☐ Delete  
NAME: **STODDARD, GEORGE E**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP: **NEW YORK, NY 10020**

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

TITLE: **D** ☐ Delete  
NAME: **WINTRUB, WARREN G**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
CITY-ST-ZIP: **NEW YORK, NY 10020**

TITLE: **V** ☐ Change ☒ Addition  
NAME: **GUERRERO, YASMIN**  
STREET ADDRESS: **50 ROCKEFELLER PLAZA, 2ND FLOOR**  
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: Yasmin Guerrero **YASMIN GUERRERO, VICE PRESIDENT**

Date: 4/28/04

Daytime Phone #: 212 442 1100