

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-25-2005 90001 026 \*\*\*150.00

<b>DOCUMENT # F02000003951</b> 1. Entity Name <b>ONE CABIN INTERIOR QRS (FL) 15-9, INC.</b>					
Principal Place of Business <b>50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>			Mailing Address <b>50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b>		
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 <b>02-0636383</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAREY, WILLIAM P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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	<b>VC DUGAN, GORDON F 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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	<b>VC CAREY, FRANCIS J 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT YASMIN GUERRERO 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUNSON, ELIZABETH 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECOND VICE PRESIDENT CARYN E. JANES 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NEW YORK 10020-1605</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STODDARD, GEORGE E 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <input checked="" 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	<b>D WINTRUB, WARREN G 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020</b> <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 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.					
<b>SIGNATURE:</b>		<b>CARYN E. JANES, SECOND VICE PRESIDENT</b>		<b>7/20/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<b>212-492-1100</b> <small>Daytime Phone #</small>	

**50063275**



07062005 Chg-P CR2E034 (10/03)