

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90426 035 ***150.00

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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 - 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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE VP ☐ Delete
NAME GUERRERO, YASMIN
STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 100201605

TITLE SVP ☒ Delete
NAME JANES, CARYN
STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP NEW YORK, NY 100201605

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 PRESIDENT
STREET ADDRESS BENJAMIN PAUL HARRIS
CITY-ST-ZIP 50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NEW YORK 10020-1605

TITLE ☐ Change ☒ Addition
NAME ASSISTANT TREASURER
STREET ADDRESS ANSON S. WONG
CITY-ST-ZIP 50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NEW YORK 10020-1605

TITLE ☐ Change ☒ Addition
NAME ASSISTANT SECRETARY
STREET ADDRESS GEORGIA POLITAKIS
CITY-ST-ZIP 50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK, NEW YORK 10020-1605

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 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 Wong, Assistant Treasurer*

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 #