

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004339

FILED
Jan 29, 2004
Secretary of State

Entity Name: THE METROPOLITAN MUSEUM OF ART INCORPORATED

Current Principal Place of Business:

1000 FIFTH AVE.
NEW YORK, NY 10028

New Principal Place of Business:

Current Mailing Address:

1000 FIFTH AVE.
NEW YORK, NY 10028

New Mailing Address:

FEI Number: 13-1624086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOUGHTON, JAMES R
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

Title: VC () Delete
Name: GILBERT, S. PARKER
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

Title: VC () Delete
Name: DE LA RENTA, ANNETTE
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

Title: VC () Delete
Name: ROSENWALD, E. JOHN JR.
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

Title: P () Delete
Name: DE MONTEBELLO, PHILIPPE
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

Title: VP () Delete
Name: COTT, SHARON H
Address: 1000 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON H. COTT

VP

01/29/2004

Electronic Signature of Signing Officer or Director

Date