2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F02000004339

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:	CEO	( ) Delete
Name:	MONTEBELLO, PHILIPPE DE	
Address:	1000 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10028	
Title:	P	( ) Delete
Name:	RAFFERTY, EMILY K	
Address:	1000 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10028	
Title:	CFO	( ) Delete
Name:	PASLAWSKY, OLENA	
Address:	1000 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10028	
Title:	SVP	( ) Delete
Name:	COTT, SHARON H	
Address:	1000 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10028	
Title:	CIO	( ) Delete
Name:	BRENNER, SUZANNE K	
Address:	1000 FIFTH AVE.	
City-St-Zip:	NEW YORK, NY 10028	
Title:	SVP	( ) Delete
Name:	HOLZER, HAROLD	
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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 exemption stated 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 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 COTT SVP 01/26/2009

Electronic Signature of Signing Officer or Director — Date