

APPROVED
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FILE# F02000005423

2005 FOR PROFIT CORPORATION ANNUAL REPORT


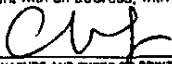
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05042005 Chg-P CR2E034 (10/03)

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| DOCUMENT # F02000005423 | | | |  | |
| 1. Entity Name MBM-BEEF (DE) QRS 15-18, INC. | | | | | |
| Principal Place of Business 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 | | | Mailing Address 50 ROCKEFELLER PLAZA, 2ND PL. 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 | 4. FEI Number 11-3660322 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | 5.00 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 | COBD CAREY, WILLIAM P 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECOND VICE PRESIDENT JANES, CARYN E. 50 ROCKEFELLER PLAZA, 2ND FL. NEW YORK, NEW YORK 10020-1605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCOB DUGAN, GORDON F 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <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 | VC CAREY, FRANCIS J 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <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 | D MUNSON, ELIZABETH 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <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 | D STODDARD, GEORGE E 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <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 | D WINTRUB, WARREN G 50 ROCKEFELLER PLAZA, 2ND PL. NEW YORK, NY 10020 <input 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. | | | | | |
| SIGNATURE:  | | CARYN E. JANES, SECOND VICE PRESIDENT | | 6/28/05 212 442 1100 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

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