

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005423

FILED
Apr 21, 2011
Secretary of State

Entity Name: MBM-BEEF (DE) QRS 15-18, INC.

Current Principal Place of Business:

50 ROCKEFELLER PLAZA, 2ND PL.
NEW YORK, NY 10020

New Principal Place of Business:

Current Mailing Address:

50 ROCKEFELLER PLAZA, 2ND PL.
NEW YORK, NY 10020

New Mailing Address:

FEI Number: 11-3660322

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: COBD
Name: CAREY, WILLIAM P
Address: 50 ROCKEFELLER PLAZA, 2ND PL.
City-St-Zip: NEW YORK, NY 10020

Title: CEO
Name: BOND, TREVOR P
Address: 50 ROCKEFELLER PLAZA, 2ND PL.
City-St-Zip: NEW YORK, NY 10020

Title: VP
Name: CHUNG, KRISTIN
Address: 50 ROCKFELLER PL 2ND FL
City-St-Zip: NEW YORK, NY 100201605

Title: D
Name: MUNSON, ELIZABETH
Address: 50 ROCKEFELLER PLAZA, 2ND PL.
City-St-Zip: NEW YORK, NY 10020

Title: AT
Name: DWYER, JULIE
Address: 50 ROCKFELLER PL 2ND FL
City-St-Zip: NEW YORK, NY 100201605

Title: S
Name: HYDE, SUSAN C
Address: 50 ROCKEFELLER PLAZA, 2ND FLOOR
City-St-Zip: CHICAGO, IL 60601

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE DWYER

AT

04/21/2011

Electronic Signature of Signing Officer or Director

Date