

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005667

## 1. Entity Name

TCG PARTNERS HOLDINGS II, INC.



## Principal Place of Business

ONE AT&T WAY  
BEDMINSTER, NJ 07921

## Mailing Address

ONE AT&T WAY  
BEDMINSTER, NJ 07921

FILED

06 MAY -3 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04262006 No Chg-P CR2E034 (11/05)

## 4. FEI Number

51-0351464

## Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324DO NOT WRITE  
IN THIS SPACE

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, 2006 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
NAME	FEIT, ROBERT S
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

TITLE	D
NAME	PESTER, DAVID
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

TITLE	D
NAME	THOMSON, JOHN W
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

TITLE	P
NAME	WALLACH, F.
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

TITLE	VP
NAME	LAWSKY, ROBERT A
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

TITLE	VP
NAME	DAGGER, THOMAS G
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921

900074512159  
05/12/06--01015--029 \*\*3450.00DO NOT WRITE  
IN THIS SPACE

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/06

(908) 234-8955