

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000022

FILED
Jan 20, 2004
Secretary of State

Entity Name: MCMANUS ACQUISITION NO. 1 CORPORATION

Current Principal Place of Business:

375 HUDSON STREET
NEW YORK, NY 10014

New Principal Place of Business:

Current Mailing Address:

DUNNINGTON C/O DEIRDRE
666 THIRD AVENUE
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 11-3667159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: SCOTTI, GAVIN
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: COOD () Delete
Name: TREPICCHIO, MICHAEL
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: CFOD () Delete
Name: EROSH, WILLIAM
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: VSD () Delete
Name: LEWIS, STEVEN E
Address: 666 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: TD () Delete
Name: WESTPHAL, ROBERT S
Address: 4 HERALD SQUARE, 950 6TH AVENUE, 11TH FL
City-St-Zip: NEW YORK, NY 10001

Title: AS () Delete
Name: YOUNG, HEIDI
Address: 375 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: THORSON, SONDR A J
Address: 35 WEST WACKER DRIVE, 22ND FLOOR
City-St-Zip: CHICAGO, IL 60601

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

Title: TD (X) Change () Addition
Name: WESTPHAL, ROBERT S
Address: 825 EIGHTH AVENUE 33RD FLOOR
City-St-Zip: NEW YORK, NY 10019

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

SIGNATURE: STEVEN E. LEWIS

V

01/20/2004

Electronic Signature of Signing Officer or Director

_____ Date