APPROVED AND FILED 2005 90001 049 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 OCT -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20060902

DOCUMENT # F03000000159

1. Entity Name
TRANS (FL) QRS 15-34, INC.

Principal Place of Business	Mailing Address
50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020

05042005 Chg-P CR2E034 (10/03)

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 75-3095904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CD CAREY, WILLIAM P 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☐ 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	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DUGAN, GORDON F 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CAREY, FRANCIS J 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIEBOLD, FRANCIS X 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K. Eckel OCT 06 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNSON, ELIZABETH 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STODDARD, GEOEGE E 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 6/28/05 212-492-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AW