

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

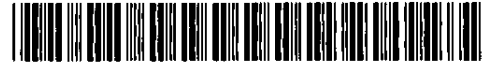
DOCUMENT # F03000000159

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



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

Mailing Address
50 ROCKEFELLER PLAZA 2ND FL
NEW YORK, NY 10020



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000334696
05/23/08-80042-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAREY, WILLIAM P 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUGAN, GORDON F 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC YASMIN, GUERRERO 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANSON, WONG S 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNSON, ELIZABETH 50 ROCKEFELLER PLAZA 2ND FL NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO 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.

4/21/08

SIGNATURE: Anson Wong, Assistant Treasurer Anson Wong, Assistant Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

212 442 1100

Daytime Phone #