

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90019 046 ***150.00

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1. Entity Name
RGTS-USA, INC.



Principal Place of Business
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

Mailing Address
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4154685

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C GREEN, JOHNATHAN D
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SILVESTRI, VINCENT E
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS ROWDEN, GWEN
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP HELMUTH, RICHARD W
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V CURRO, SANTO F
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T TREADWELL, KAREN A
1221 AVE. OF THE AMERICAS
NEW YORK, NY 10020

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

212-282-2004

Daytime Phone #