

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002170

1. Entity Name
ISTAR HQ 2003 GENPAR INC.



Principal Place of Business

1114 AVENUE OF THE AMERICAS, 27TH FLOOR
NEW YORK, NY 10036

Mailing Address

1114 AVENUE OF THE AMERICAS, 27TH FLOOR
NEW YORK, NY 10036



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2101719

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CP
NAME SUGARMAN, JAY
STREET ADDRESS 1114 AVENUE OF THE AMERICAS, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE DT
NAME RICE, CATHERINE D
STREET ADDRESS 1114 AVENUE OF THE AMERICAS, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

TITLE S
NAME DUGAN, GEOFFREY M
STREET ADDRESS ONE EMBARCADERO CENTER, 33RD FLOOR
CITY-ST-ZIP SAN FRANCISCO, CA 94111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/23/04-80063-023 150.00

**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

DATE

Daytime Phone #

Geoffrey M. Dugan Secretary 4/12/04 415-391-4300