

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003156

1. Entity Name
ARUP SERVICES NEW YORK LIMITED, INC.



Principal Place of Business
**155 AVENUE OF THE AMERICAS
NEW YORK, NY 10013**

Mailing Address
**155 AVENUE OF THE AMERICAS
FLOOR 11 ATTN LOUIS CURATOLO
NEW YORK, NY 10013**



DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3473567

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 refiling)

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 **D**
NAME **HILL, TERENCE**
STREET ADDRESS **13 FITZROY STREET**
CITY-ST-ZIP **LONDON, UK w1t 4bq**

TITLE **D**
NAME **HODKINSON, GREGORY S**
STREET ADDRESS **155 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE **D**
NAME **ARGIRIS, LEO**
STREET ADDRESS **155 AVENUE OF AMERICAS 13TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE **D**
NAME **RAMAN, MAHADEV**
STREET ADDRESS **155 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10013**

TITLE **ST**
NAME **SOMERS, MICHAEL J**
STREET ADDRESS **13 FITZROY STREET**
CITY-ST-ZIP **LONDON W1T 4BQ,**

TITLE **AS**
NAME **NOBLE, LAURENCE**
STREET ADDRESS **901 MARKET STREET, SUITE 260**
CITY-ST-ZIP **SAN FRANCISCO, CA 94103**

**DO NOT WRITE
IN THIS SPACE**

UN00000365242
05/10/05-80002-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

LARRY NOBLE

Date

Daytime Phone #

4/26/05 415.946.0595