

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90082 014 ***150.00

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1. Entity Name
HOLLIDAY GP CORP.



Principal Place of Business
9 GREENWAY PLAZA
SUITE 700
HOUSTON, TX 77046

Mailing Address
301 GRANT STREET
SUITE 600
PITTSBURGH, PA 15219

40088587



04222008 Chg-P CR2E034 (12/06)

4. FEI Number
27-0057192

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 RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PELUSI, JOHN H JR.
STREET ADDRESS 1 OXFORD CENTRE, 301 GRANT STREET, STE 600
CITY- ST- ZIP PITTSBURGH, PA 15219

TITLE VSD ☐ Delete
NAME GIBSON, MARK
STREET ADDRESS 8401 N. CENTRAL EXPWY, SUITE 400
CITY- ST- ZIP DALLAS, TX 75225

TITLE V ☐ Delete
NAME CURTIS, DON
STREET ADDRESS 3333 MICHELSON DRIVE, SUITE 510
CITY- ST- ZIP IRVINE, CA 92612

TITLE V ☐ Delete
NAME CUCCIA, ANTONY
STREET ADDRESS 200 PARK AVENUE, SUITE 110
CITY- ST- ZIP FLORHAM PARK, NJ 07932

TITLE V ☐ Delete
NAME KELLER, DAVID
STREET ADDRESS ONE INDIANA SQUARE, SUITE 1330
CITY- ST- ZIP INDIANAPOLIS, IN 46204

TITLE TD ☐ Delete
NAME FOWLER, JOHN
STREET ADDRESS ONE POST OFFICE SQUARE, SUITE 3500
CITY- ST- ZIP BOSTON, MA 02109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John H. Pelusi, Jr. President 4/25/08 412-281-8714