

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000005211

1. Entity Name  
CMP PRINCETON, INC.



Principal Place of Business  
125 VILLAGE BLVD., STE. 220  
PRINCETON, NJ 08450

Mailing Address  
125 VILLAGE BLVD., STE. 220  
PRINCETON, NJ 08450



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3117413  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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

000000124478

04/22/04-80047-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DSVP
NAME	DUCK, MICHAEL
STREET ADDRESS	125 VILLAGE BLVD., STE. 220
CITY - ST - ZIP	PRINCETON, NJ 08450
TITLE	DSVP
NAME	KAZAKOFF, MICHAEL
STREET ADDRESS	125 VILLAGE BLVD., STE. 220
CITY - ST - ZIP	PRINCETON, NJ 08450
TITLE	DCEO
NAME	SUTTON, PETER
STREET ADDRESS	125 VILLAGE BLVD., STE. 220
CITY - ST - ZIP	PRINCETON, NJ 08450
TITLE	VP
NAME	RUSSAK, MICHAEL A JR.
STREET ADDRESS	810 SEVENTH AVE., 27TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	VP
NAME	FOWLER, ANNMARIE
STREET ADDRESS	810 SEVENTH AVE., 27TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10019
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 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: Annmarie Fowler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (212) 782-2921  
Date Daytime Phone #