2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90017 020 ***150.00

DOCUMENT # F03000005789 1. Entity Name NAUSCH, HOGAN & MURRAY, INC.						01-23-2004 90	0017 020	130.00
Principal Place	e of Business	Mailing Address			1			
180 MAIDEN LANE, 28TH FLOOR NEW YORK, NY 10038		180 MAIDEN LANE, 28TH FLOOR NEW YORK, NY 10038						
2. Principal P	lace of Business	3. Mailing Address	all his	inwe				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1220			01132004	Chg-P	CR2E034 (10/0)3)
City & State		City & State MIAMI, FL			4. FEI Number 13-286			Applied For Not Applicable
Zip	Country	^{zip} 3건 3]	Country	<u> </u>	<u> </u>	of Status Desired	Fee Req	Additional uired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
REYES, YVETTE B ESQ. 2921 S.W. 27TH AVENUE COCONUT GROVE, FL 33133				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) AVENUE, Swife 2220				
. 0				City Mid	anci		FL Zip	33/3/
	named entity subtrite this statement for ions of edistered agent. Signature, typed or insted named decided agent and			office or registe		th, in the State of Flori	da. I am familiar v	vith, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0				6.00 May Be ded to Fees	/CHANGES TO OFFIC	CERS AND DIRECT	FORS IN 11
TITLE	PC	☐ Delete	TITLE				☐ Char	
name Street address City-St~Zip	MURRAY, WILLIAM J 17 SCHOOL LANE LLOYD HARBOR, NY 11743		NAME STREET A CITY-ST-	I				
TITLE	V	☐ Delete	TITLE	VP		10.	Char	nge 🔲 Addition
name Street Address City-St-Zip	REYES, YVETTE B 2921 S.W. 27TH AVENUE COCONUT GROVE, FL 33133		NAME Street a City-St-	11105	He B. KE 55 NE 115 AMIL FL	tes 5 street, # 31 33181	5B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRISCOLL, MARGE 180 MAIDEN LANE, 28TH FLOOR NEW YORK, NY 10038	Delete	TITLE NAME STREET A CITY-ST-	1			Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC RUSSO, CARMEN A 243 ESTATES TERRACE SOUTH MANHASSET, NY 11030	☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Char	nge 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P .	☐ Defete	TITLE NAME STREET A CITY-ST-				Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	I			Chai	nge 🗌 Addition
12. I hereby of indicated of the corchanged,	pertify that the information supplied with the on this report or supplemental report is a poration or the receiver or trystee empore or on an attagramment with an address, we	this filing does not qualify for true and accurate and that wered to execute this repor ith all other like empowered	or the exemp my signature t as required d.	ntion slated in S e shall have the d by Chapter 60	ection 119.07(3) same legal effe 07, Florida Statut	(i), Florida Statutes. I f ct as if made under oa es; and that my name	urther certify that tath; that I am an of appears in Block	he information ficer or director 10 or Block 11 if