

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006207

Entity Name: CONQUEST NA, INC.

FILED  
Mar 05, 2004  
Secretary of State

## Current Principal Place of Business:

590 COLUMBUS AVENUE  
THORNWOOD, NY 10594

## New Principal Place of Business:

## Current Mailing Address:

590 COLUMBUS AVENUE  
THORNWOOD, NY 10594

## New Mailing Address:

FEI Number: 52-2133182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: DIAZ-TORRE, EMILLO  
Address: 590 COLUMBUS AVENUE  
City-St-Zip: THORNWOOD, NY 10594

Title: VD ( ) Delete  
Name: SUNEY, MICHAEL  
Address: 10211 NORTON ROAD  
City-St-Zip: POTOMAC, MD 20854

Title: STD ( ) Delete  
Name: KIM, ALEXANDER  
Address: 582 COLUMBUS AVE.  
City-St-Zip: THORNWOOD, NY 10594

Title: D ( ) Delete  
Name: O'FARRIL, GUSTAVO  
Address: 10211 NORTON ROAD  
City-St-Zip: POTOMAC, MD 20854

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: DIAZ-TORRE, EMILLO  
Address: 582 COLUMBUS AVENUE  
City-St-Zip: THORNWOOD, NY 10594

Title: VD (X) Change ( ) Addition  
Name: SLINNEY, MICHAEL  
Address: 10211 NORTON ROAD  
City-St-Zip: POTOMAC, MD 20854

Title: STD (X) Change ( ) Addition  
Name: ORTEGA, JOSE F  
Address: 582 COLUMBUS AVE.  
City-St-Zip: THORNWOOD, NY 10594

Title: D (X) Change ( ) Addition  
Name: SMOORENBURG, MATTHEW VAN  
Address: 89 WEST LOGAN STREET  
City-St-Zip: LEMONT, IL 60439

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. ORTEGA

STD

03/05/2004

Electronic Signature of Signing Officer or Director

Date