

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006431

FILED  
Apr 05, 2010  
Secretary of State

Entity Name: CIGPF I CORP.

**Current Principal Place of Business:**

388 GREENWICH STREET  
NEW YORK, NY 10013

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30509  
TAX & REPORTING  
TAMPA, FL 33631 US

**New Mailing Address:**

FEI Number: 86-1069185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: TSESARSKY, MARK  
Address: 390 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013

Title: AS  
Name: HOFFMAN, LISA  
Address: 3800 CITIGROUP CENTER DR F1-12  
City-St-Zip: TAMPA, FL 33610

Title: VPT  
Name: ROSENBERG, ARI  
Address: 390 GREENWICH ST, 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10013

Title: S  
Name: KONG, MYONGSU  
Address: 388 GREENWICH ST, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10013

Title: AT  
Name: MARTINELLI, JOSEPH J  
Address: 388 GREENWICH STREET, 38TH FL  
City-St-Zip: NEW YORK, NY 10013

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA A HOFFMAN

AS

04/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date