

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 010 ***150.00

DOCUMENT # F04000001819

1. Entity Name
CRUMP FINANCIAL SERVICES, INC.



Principal Place of Business
**565 MARIOTT DRIVE, SUITE 820
NASHVILLE, TN 37214**

Mailing Address
**565 MARIOTT DRIVE, SUITE 820
NASHVILLE, TN 37214**

40007191



2. Principal Place of Business

3. Mailing Address

121 RIVER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX DEPT. - 5TH FL.

City & State

City & State

HOBOKEN, NJ

Zip

Country

Zip

Country

07030

04072005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3060507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARMICHAEL, JANET**
STREET ADDRESS **565 MARIOTT DRIVE, SUITE 820**
CITY-ST-ZIP **NASHVILLE, TN 37214**

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

TITLE **AV** ☐ Delete
NAME **BIDDIX, TERESA**
STREET ADDRESS **565 MARIOTT DRIVE, SUITE 820**
CITY-ST-ZIP **NASHVILLE, TN 37214**

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

TITLE **S** ☒ Delete
NAME **TERRY, LELLA**
STREET ADDRESS **7557 RAMBLER ROAD, SUITE 350**
CITY-ST-ZIP **DALLAS, TX 75231**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **JOSEPH P. GIGLIOTTI**
CITY-ST-ZIP **1166 AVE OF THE AMERICAS**
NEW YORK, NY 10036

TITLE **AS** ☐ Delete
NAME **WU-DARE, SUSIE S**
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

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

TITLE **T** ☒ Delete
NAME **SZAJNGARTEN, ROGER A**
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **KEITH STANICK**
CITY-ST-ZIP **121 RIVER STREET**
HOBOKEN, NJ 07030

TITLE **AT** ☐ Delete
NAME **GREENBERG, DOUGLAS**
STREET ADDRESS **1166 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

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 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 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:

Joseph P. Gigliotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2005 948-2061