

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003153

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: I & G DIRECT REAL ESTATE MANAGER 14, INC

## Current Principal Place of Business:

245 PARK AVENUE  
NEW YORK, NY 10167 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5005  
NEW YORK, NY 10163 US

## New Mailing Address:

FEI Number: 20-2887656

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: DIR ( ) Delete  
Name: GIFFORD, BENJAMIN G  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: VP ( ) Delete  
Name: QUINTERO, CYNDI P  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: VP ( ) Delete  
Name: CARBONE, MATTHEW C  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: VP ( ) Delete  
Name: GELLER, INNA T  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: VP ( ) Delete  
Name: AZELBY, JOSEPH K  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: DIR ( ) Delete  
Name: DORT, ALFRED W  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GAVRILOVA, ETHEL  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHEL GAVRILOVA

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date