


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90175 012 \*\*\*150.00

<b>DOCUMENT # F05000004892</b> 1. Entity Name <b>VICTOR O. SCHINNERER &amp; COMPANY, INC.</b>					
Principal Place of Business <b>TWO WISCONSIN CIRCLE CHEVY CHESSE, MD 20615</b>			Mailing Address <b>121 RIVER STREET HOBOKEN, NJ 07030</b>		
2. Principal Place of Business		3. Mailing Address <b>121 RIVER STREET</b> Suite, Apt. #, etc. <b>TAX DEPT. - 5th FLOOR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State <b>HOBOKEN, NJ</b>		4. FEI Number <b>53-0181759</b>	
Zip 		Zip <b>07030</b>		Country 	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHLINGBAUM, JEFF</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARSONS, LORNA M</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHETTLE, JOHN H JR.</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RIDDELL, ROSS S</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JOSEPH P. GIGLIOTTI</b> <b>121 RIVER STREET</b> <b>HOBOKEN, NJ 07030</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WU-DARE, SUSIE S</b> <b>1165 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>FLORENCE LIU</b> <b>1166 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BARTLEY, MATTHEW B</b> <b>1165 AVENUE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Joseph P. Gigliotti</u> <b>JOSEPH P. GIGLIOTTI</b> <u>4/21/06</u> <b>(201) 284-4397</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40078565



04182006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

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