


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 029 ***150.00

DOCUMENT # F05000004892	
1. Entity Name VICTOR O. SCHINNERER & COMPANY, INC.	

Principal Place of Business TWO WISCONSIN CIRCLE CHEVY CHESSE, MD 20615	Mailing Address 121 RIVER ST TAX DEPT 5TH FL HOBOKEN, NJ 07030
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 121 RIVER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. TAX DEPT - 11th FL.
City & State	City & State HOBOKEN, NJ
Zip	Country USA



04052007 Chg-P CR2E034 (12/06)

4. FEI Number 53-0181759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLINGBAUM, JEFF	NAME	
STREET ADDRESS	2 WISCONSIN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, LORNA M	NAME	
STREET ADDRESS	2 WISCONSIN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETTLE, JOHN H JR.	NAME	
STREET ADDRESS	2 WISCONSIN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, JOSEPH P	NAME	
STREET ADDRESS	121 RIVER ST	STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN, NJ 07030	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU, FLORENCE	NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLEY, MATTHEW B	NAME	TREASURER
STREET ADDRESS	1165 AVENUE OF THE AMERICAS	STREET ADDRESS	ALAN BIELER
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	1166 AVE OF THE AMERICAS
			NEW YORK, NY 10036

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.

SIGNATURE: 	JOSEPH P. GIGLIOTTI	4/6/07	(201) 284-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #