

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005268

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** CORPORATE SERVICES SUPPORT CORP.

**Current Principal Place of Business:**

1585 BROADWAY  
NEW YORK, NY 10036

**New Principal Place of Business:**

1585 BROADWAY  
NEW YORK, NY 10036 US

**Current Mailing Address:**

1585 BROADWAY  
NEW YORK, NY 10036

**New Mailing Address:**

1585 BROADWAY  
NEW YORK, NY 10036 US

**FEI Number:** 26-0116361

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOGENSON, HARVEY PD  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036 US

Title: VPD  
Name: AARON, DEBRA VPD  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036 US

Title: VPD  
Name: TAYLOR, JESSICA VPD  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036 US

Title: S  
Name: COHEN, MARTIN S  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036 US

Title: T  
Name: RIOS, ANITA T  
Address: 1585 BROADWAY  
City-St-Zip: NEW YORK, NY 10036 US

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: MICHELLE DONATO

POA

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date