

FILED
Apr 19, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000006219

1. Entity Name

DELTA ELEVATOR HOLDINGS CORPORATION



Principal Place of Business

767 FIFTH AVENUE, 48TH FLOOR
NEW YORK, NY 10153

Mailing Address

767 FIFTH AVENUE, 48TH FLOOR
NEW YORK, NY 10153



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3662038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLOUNT, W. FRANK
STREET ADDRESS	3455 PEACHTREE ROAD, SUITE 600
CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	VC
NAME	BUTLER, DAVID M
STREET ADDRESS	767 FIFTH AVENUE, 48TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10153
TITLE	AS
NAME	RIST, STEVEN L
STREET ADDRESS	4520 MAIN STREET, SUITE 1100
CITY-ST-ZIP	KANSAS CITY, MO 64111
TITLE	T
NAME	NELSON, GORDON L
STREET ADDRESS	875 N. MICHIGAN AVENUE, SUITE 4020
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7 April 2006 404 396
9832