2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006219

1. Entity Name
DELTA ELEVATOR HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153	767 FIFTH AVENUE, 48TH FLOOR NEW YORK, NY 10153

DO NOT WRITE IN THIS SPACE

02072007 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 800
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	

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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: W. Frank Blount W. FRANK BLOUNT 2/7/07 404 3969832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #