

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1828
FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F06000000946

1. Entity Name
HARVARD MAINTENANCE, INC.



Principal Place of Business
570 SEVENTH AVENUE
NEW YORK, NY 10018

Mailing Address
570 SEVENTH AVENUE
NEW YORK, NY 10018



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1954860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

10000000084413

04/17/08-80042-019 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DOOBIN, STANLEY K 570 SEVENTH AVENUE NEW YORK, NY 10018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PLEMENOS, JOANNE C 570 SEVENTH AVENUE NEW YORK, NY 10018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS DOOBIN, ADRIENNE 570 SEVENTH AVENUE NEW YORK, NY 10018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/2008 (212) 730 0001