

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 030 ***150.00

DOCUMENT # F06000001510

1. Entity Name
YURMAN DESIGN INC.



Principal Place of Business
**24 VESTRY STREET
NEW YORK, NY 10013**

Mailing Address
**24 VESTRY STREET
NEW YORK, NY 10013**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3037433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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)

DATE _____

**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
**CD
YURMAN, DAVID
24 VESTRY STREET
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
BLUM, PAUL
24 VESTRY STREET
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCMO
YURMAN, SYBIL
24 VESTRY STREET
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YURMAN, SYBIL
24 VESTRY STREET
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
VOGEL, SCOTT
24 VESTRY STREET
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VOGEL, SCOTT
24 VESTRY STREET
NEW YORK, NY 10013**

**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: Scott Vogel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/CFD

4/14/08

212-896-1564

Date

Daytime Phone #