

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 036 ***150.00

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07082008 Chg-P CR2E034 (12/06)

4. FEI Number
13-3686643

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PC
NAME COSTA, PAUL ☐ Delete
STREET ADDRESS 608 FIFTH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VCV
NAME NAEGELIA, URA ☐ Delete
STREET ADDRESS 608 5TH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE S
NAME MERKELSON, WAYNE P ☐ Delete
STREET ADDRESS 608 5TH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE T
NAME SCHMETER, KENNETH ☐ Delete
STREET ADDRESS 608 5TH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE D
NAME MILLER, GEORGE ☐ Delete
STREET ADDRESS 608 5TH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME COSTA, PAULO
STREET ADDRESS 608 FIFTH AVE.
CITY-ST-ZIP NEW YORK, NY 10020

TITLE EVP & CFO ☒ Change ☐ Addition
NAME NAEGELIN, URS
STREET ADDRESS 608 5TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES. & TREASURER ☒ Change ☐ Addition
NAME SCHUSTER, KENNETH
STREET ADDRESS 608 5TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10020

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

ASST SECRETARY

Date

7/8/08 802-778-5963

Daytime Phone #