

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005672

FILED
Feb 06, 2009
Secretary of State

Entity Name: SIGNATURENY CORPORATION

Current Principal Place of Business:

565 FIFTH AVE
NEW YORK, NY 10017 US

New Principal Place of Business:

Current Mailing Address:

29 W. 38TH STREET
12TH FLOOR
NEW YORK, NY 10018 US

New Mailing Address:

FEI Number: 13-4149421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCCO () Delete
Name: MERLO, MICHAEL
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

Title: PCEO () Delete
Name: DEPAOLO, JOSEPH J
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

Title: C () Delete
Name: SHAY, SCOTT
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

Title: V () Delete
Name: TAMBERLANE, JOHN
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

Title: VCOO () Delete
Name: SIGONA, MARK
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

Title: SCFO () Delete
Name: HOWELL, ERIC
Address: 565 FIFTH AVE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA M. EANNEL

VP

02/06/2009

Electronic Signature of Signing Officer or Director

Date