


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90004 036 \*\*\*150.00

<b>DOCUMENT # F94000002483</b> 1. Entity Name <b>HOLYROOD CORPORATION</b>					
Principal Place of Business <b>C/O GROSVENOR INT'L (ATLANTIC) LIMITE 1701 PENNSYLVANIA AVENUE NW WASHINGTON DC 20006</b>			Mailing Address <b>C/O GROSVENOR INT'L (ATLANTIC) LIMITE 1701 PENNSYLVANIA AVENUE NW WASHINGTON DC 20006</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABELMANN, WILLIAM J		NAME		
STREET ADDRESS	ONE EMBARCADERO CENTER		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, CHERI L		NAME		
STREET ADDRESS	1701 PENNSYLVANIA AVENUE NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20006		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DAVID L		NAME		
STREET ADDRESS	1650 TYSONS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MC LEAN VA 22102		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELVEY, JULIUS L		NAME		
STREET ADDRESS	ONE EMBARCADERO CENTER		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGEL, JOHN		NAME		
STREET ADDRESS	2300 N STREET NW		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20037		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAIDLAW, THOMAS B		NAME		
STREET ADDRESS	69 MORRISON ST		STREET ADDRESS		
CITY-ST-ZIP	EDINBURGH SCOTLAND SC eh3- 8yh		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Cheri L. Hall</u> <b>CHERI L. HALL, ASST SECY</b> <u>6/16/04</u> <u>302-777-1262</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**54058215**



MOORE CR2E034 (11/03)

4. FEI Number **52-1648184** ☐ Applied For ☐ Not Applicable

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

Attachment

57058215-

# F9400000 2483

**HOLYROOD CORPORATION**

**Officers and Directors**

John Engel	Director	2300 N Street, N.W. Washington, D. C. 20037
David L. Miller	Director and Secretary	1650 Tysons Boulevard McLean, Virginia 22102
Thomas B. Laidlaw	Director	69 Morrison Street Edinburgh EH3 8YH Scotland
William J. Abelmann	President	One Embarcadero Center San Francisco, CA 94111
Mark R. Preston	Executive Vice President	One Embarcadero Center San Francisco, CA 94111
David A. Taylor	Executive Vice President	1040 West Georgia Street Vancouver, B.C. V6E 4H1
Andrew B. Galbraith	Senior Vice President	1701 Pennsylvania Avenue, N.W. Washington, D.C. 20006
David E. Olson	Senior Vice President	One Embarcadero Center San Francisco, CA 94111
Rekha S. Patel	Senior Vice President - Finance	One Embarcadero Center San Francisco, CA 94111
Alan V. Chamorro	Vice President	One Embarcadero Center San Francisco, CA 94111
Julius L. Helvey	Treasurer	One Embarcadero Center San Francisco, CA 94111
Claudia J. Patterson	Assistant Treasurer	One Embarcadero Center San Francisco, CA 94111
Cheri L. Hall	Assistant Secretary	1701 Pennsylvania Avenue, N.W. Washington, D. C. 20006
Teresa S. Whitehair	Assistant Secretary	One Embarcadero Center San Francisco, CA 94111