## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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1. Entity Name LOCH LOMOND MANAGEMENT CORP.



Principal Place of Business C/O DENIS CRONIN 380 MADISON AVENUE, 24TH FLOOR

NEW YORK, NY 10017

SIGNATURE:

Mailing Address C/O DENIS CRONIN 380 MADISON AVENUE, 24TH FLOOR NEW YORK, NY 10017



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

| 08122004          | No Chg-P         | CR2I | CR2E034 (10/03)               |                |  |
|-------------------|------------------|------|-------------------------------|----------------|--|
| 4. FEI Number     |                  |      |                               | Applied For    |  |
| 13-383€           | 570              |      |                               | Not Applicable |  |
| 5. Certificate of | f Status Desired |      | S8.75 Additional Fee Required |                |  |
|                   |                  |      |                               |                |  |

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## 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  |  |  |
|   | LE NOW!!! FEE IS \$550.00<br>ue by September 8, 2004   | Election Campalg     Trust Fund Contrib   |  | \$5.00 May Be<br>Added to Fees   |   |  |  |
| 10.   | OFFICERS AND DIRE  | CTORS   |  |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   | PSD<br>CRONIN, DENIS<br>380 MADISON AVENUE, 24TH FLOO<br>NEW YORK, NY 10017  | R   |  | _  | U00000171944<br>09/09/04-80003-001 550.00   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP  |  | _   |  | -  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |  | DO   | NOT WRITE   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  | IN .   | THIS SPACE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |  |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 4  |   |  |  |   |  |  |
| 12. I hereby of indicated of the corp changed,  | ertify that the information supplied with this fi<br>on this report or supplemental report is true a<br>coration or the society or trustee empowere<br>or on an attachment with an actions. With all | ling does not qualify for the<br>und accurate and that my<br>to execute this report as<br>other like empowered. | ne exemption stated<br>signature shall have<br>s required by Chapt | d in Section 119.07(3)<br>the same legal effect<br>or 607, Florida Statute | (i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as and that my name appears in Block 10 or Block 11 if |  |  |