


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000001419		
1. Entity Name PARTY CITY CORPORATION		
Principal Place of Business 25 GREEN POND ROAD SUITE #1 ROCKAWAY, NJ 07866 US	Mailing Address 25 GREEN POND ROAD SUITE #1 ROCKAWAY, NJ 07866 US	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3033692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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	P LAUBE, LISA 25 GREEN POND ROAD SUITE #1 ROCKAWAY, NJ 07866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEPF, JOSEPH J 25 GREEN POND ROAD SUITE #1 ROCKAWAY, NJ 07866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMALL, ROBERT ONE BOSTON PLACE BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELNICK, GREGG A 25 GREEN POND ROAD SUITE #1 ROCKAWAY, NJ 07866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTENBERG, GERALD 80 GRASSLANDS ROAD ELMSFORD, NY 10523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JAMES 80 GRASSLANDS ROAD ELMSFORD, NY 10523

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02/18/08-80014-021 150.00

**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: Joseph J. Zepf Joseph J. Zepf 2/1/08 973 453 8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #