

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000006851

1. Entity Name
NCC YEARLING COMPANY



Principal Place of Business
245 PARK AVENUE
40TH FLOOR
NEW YORK, NY 10167

Mailing Address
245 PARK AVENUE
40TH FLOOR
NEW YORK, NY 10167 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 02, 2005 8:00 am
Secretary of State**

03-02-2005 90081 042 ***150.00

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02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3910637	Applied For Not Applicable
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5. Certificate of Status Desired \$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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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME REPP, PAUL H
STREET ADDRESS 245 PARK AVENUE-40TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE SVPI
NAME JORDAN, JAMES J
STREET ADDRESS 245 PARK AVE, 40TTH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE SVPO
NAME RUTHERFORD, PETER
STREET ADDRESS 245 PARK AVE, 40TTH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE SVPS
NAME KRAKOWSKI, RICHARD F
STREET ADDRESS 245 PARK AVE, 40TTH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VAS
NAME LEVINE, MARVA M
STREET ADDRESS 245 PARK AVE, 40TTH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE T
NAME GARRITY, JANET
STREET ADDRESS 3900 WASHINGTON ST 2ND FLOOR
CITY-ST-ZIP WILMINGTON, DE 19802

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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.

SIGNATURE: *Richard Krakowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

Daytime Phone #