2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000004456

N.P. INVESTMENT XXII CO.

Principal Place of Business

745 7TH AVE

NEW YORK, NY 10019 US

Mailing Address

70 HUDSON STREET JERSEY CITY, NJ 07302

US

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90787 001 *6,061.25

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No Chg-P

CR2E034 (11/05)

75-2722447	"	Not Applicable
I. FEI Number		Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	T. F. W. WOTE D			
	Signature, typed or printed name of registered agent and site	if applicable. (NU1E; Registered	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANNERY, JOSEPH J 745 7TH AVE NEW YORK, NY 10019				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	S MARRE, JENNIFER 745 7TH AVE NEW YORK, NY 10019	11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOPP FLYNN, KATHRYN M 745 7TH AVE NEW YORK, NY 10019				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH J 745 7TH AVE NEW YORK, NY 10019	~~			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

04/10/06

2DI 499 6899

Daytime Phone #