2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F97000004456 FILED 1. Entity Name N.P. INVESTMENT XXII CO. 07 MAY -9 PN 3: 17 SECRETARY OF STATE Principal Place of Business Mailing Address **70 HUDSON STREET** 745 7TH AVE NEW YORK, NY 10019 JERSEY CITY, NJ 07302 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-2722447 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change FLANNERY, JOSEPH J NAME NAME 745 7TH AVE STREET ADDRESS STREET ADDRESS --01035 NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition O'BRIEN, BARRY J NAME NAME STREET ADDRESS 70 HUDSON ST STREET ADDRESS CITY-ST-ZIP JERSEY CITY, NJ 07302 CHY-ST-ZIP Change Addition TITLE Delete TITLE MARRE, JENNIFER NAME NAME STREET ADDRESS 745 7TH AVE STREET ADDRESS NEW YORK, NY 10019 CITY - ST - ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition BOPP FLYNN, KATHRYN M NAME NAME 745 7TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FLANNERY, JOSEPH J NAME NAME 745 7TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

Barry J. O'Brien

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/07