FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

24080913

DOCUMENT # F97000005571

1. Entity Name

N. P. INVESTMENT XXIV CO.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
745 Seventh Ave	70 Hudson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: Jersey City, NJ
Zip: 10019 Country:	Zip: 07302 Country:

4. FEI Number: 75-2730193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORP SYSTEM INC.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahasse FL Zip Code: 32301

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

~~After January 1, May 1 Fee is $150.00~~
~~After May 1 Fee is $550.00~~
~~Amended UBR is $61.25~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	YON K. CHO
STREET ADDRESS	745 7th Ave
CITY-ST-ZIP	New York, NY 10019
TITLE	V
NAME	BARRY J. O'BRIEN
STREET ADDRESS	70 HUDSON ST
CITY-ST-ZIP	JERSEY CITY, NJ 07302
TITLE	S
NAME	JENNIFER-MARRE
STREET ADDRESS	745 7th Ave.
CITY-ST-ZIP	New York, NY 10019
TITLE	D
NAME	JOSEPH J. FLANNERY
STREET ADDRESS	745 7TH AVE.
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT
NAME	KATHRYN M. BOPP FLYNN
STREET ADDRESS	745 7TH AVE.
CITY-ST-ZIP	NEW YORK, N.Y. 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ BARRY J. O'BRIEN 4/26/04 201-499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32361F.1