

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005571

1. Entity Name  
N.P. INVESTMENT XXIV CO.



Principal Place of Business  
745 7TH AVE  
NEW YORK, NY 10019 US

Mailing Address  
70 HUDSON STREET  
JERSEY CITY, NJ 07302 US



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2730193

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 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	P
NAME	CHO, YON K
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	V
NAME	O'BRIEN, BARRY J
STREET ADDRESS	70 HUDSON ST
CITY-ST-ZIP	JERSEY CITY, NJ 07302
TITLE	S
NAME	MARRE, JENNIFER
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	FLANNERY, JOSEPH J
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT
NAME	BOPP FLYNN, KATHRYN,
STREET ADDRESS	745 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600054234256  
05/10/05--01100--001 \*\*\$200.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Barry J. O'Brien* Barry J. O'Brien 04/19/05 (201) 499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #