## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 08:00 A Secretary of State

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1. Entity Name

N.P. INVESTMENT XXIV CO.



Principal Place of Business

Mailing Address

745 7TH AVE

NEW YORK, NY 10019 US

70 HUDSON STREET JERSEY CITY, NJ 07302

US



DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

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 th	e purpose of changing its registered office or registered agent, or bot	n, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

NEW YORK, NY 10019

BOPP FLYNN, KATHRYN,

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

000000902404 04/30/08-80/05-001 6000.00

OFFICERS AND DIRECTORS 10. TITLE CHO, YON K NAME STREET ADDRESS 745 7TH AVE NEW YORK, NY 10019 CITY-ST-ZIP TITLE O'BRIEN, BARRY J NAME STREET ADDRESS 70 HUDSON ST JERSEY CITY, NJ 07302 CITY-ST-ZIP TITL F NAME FLANNERY, JOSEPH J STREET ADDRESS 745 7TH AVE

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

CITY-SI-ZIP NEW YORK, NY 10019
TITLE
NAME

745 7TH AVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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 NAME OF SIGNING OFFICER OR DIRE

04/03/08

(201)499-CGGU