


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000005793

1. Entity Name
PTG FLATROCK, INC.



Principal Place of Business Mailing Address

**11 MADISON AVENUE
C/O CSFB, INC. ATTN: CORP TAX
NEW YORK, NY 10010 US**

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C/O CSFB, INC. ATTN: CORP TAX
NEW YORK, NY 10010 US**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3972335 Applied For
Not Applicable

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000159651
05/10/04-80040-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOLAND, LAWRENCE M
STREET ADDRESS	11 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	S
NAME	RUSSO, LORI M
STREET ADDRESS	ONE MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	D
NAME	FLYNN, EDWARD W
STREET ADDRESS	11 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	T
NAME	KINDLER, ZEV A
STREET ADDRESS	11 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	C
NAME	ZINGALLI, THOMAS
STREET ADDRESS	11 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(f), 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:  **DIRECTOR OF TAX** 4/26/04 (212) 325-5832

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