


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F97000005793 1. Entity Name PTG FLATROCK, INC.	
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Principal Place of Business 11 MADISON AVENUE C/O CSFB, INC. ATTN: CORP TAX NEW YORK, NY 10010 US	Mailing Address 11 MADISON AVENUE C/O CSFB, INC. ATTN: CORP TAX NEW YORK, NY 10010 US
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3972335	Applied For Not Applicable
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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**

**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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PP DIRECTOR OF TAX

Date

(212) 325-5832

Daytime Phone #