

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005793

FILED
Apr 24, 2006
Secretary of State

Entity Name: PTG FLATROCK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-3972335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GOLAND, LAWRENCE M
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: S () Delete
Name: RUSSO, LORI M
Address: ONE MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: FLYNN, EDWARD W
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: T () Delete
Name: KINDLER, ZEV A
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: C (X) Delete
Name: ZINGALLI, THOMAS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEADOWS, SHARON M
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ROSEMAN, DOUGLAS
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: T (X) Change () Addition
Name: FEENEY, PETER J
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS ROSEMAN

V

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date