

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002998

FILED
Jan 16, 2009
Secretary of State

Entity Name: TGM HUNTERS WAY INC.

Current Principal Place of Business:

% TGM ASSOCIATES L.P.
650 FIFTH AVE. - 28TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

% TGM ASSOCIATES L.P.
650 FIFTH AVE.
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 13-3991376

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

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GOCHBERG, THOMAS
Address: % TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL
City-St-Zip: NEW YORK, NY 10019

Title: EVP () Delete
Name: MACY, STEVEN C
Address: % TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL
City-St-Zip: NEW YORK, NY 10019

Title: SVP () Delete
Name: FRAZZETTA, MICHAEL
Address: % TGM ASSOC LP, 650 FIFTH AVE 28TH FLR
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: BILLS, VETA
Address: % TGM ASSOC LP, 650 FIFTH AVE., 28TH FL
City-St-Zip: NEW YORK, NY 10019

Title: SVP () Delete
Name: GOCHBERG, JOHN
Address: % TGM ASSOC LP, 650 FIFTH AVE 28TH FLR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VETA BILLS

VP

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date