

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003276

Entity Name: TGM GULFSTREAM INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-4001477

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: 650 FIFTH AVENUE 28TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: EVP () Delete
Name: MACY, STEVEN C
Address: 650 FIFTH AVENUE 28TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: SVP () Delete
Name: FRAZZETTA, MICHAEL
Address: 650 FIFTH AVENUE 28TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: HEIN, DIANA
Address: 650 FIFTH AVE 28TH FL
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: RUTTER, BRIAN
Address: 650 5TH AVE, #28TH FL
City-St-Zip: NEW YORK, NY 10019

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: VP () Change (X) Addition
Name: GOCHBERG, JOHN
Address: 650 5TH AVE, #28TH FL
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL FRAZZETTA

SVP

04/20/2004

Electronic Signature of Signing Officer or Director

Date