

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 25 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1877022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARNALL, THEODORE W 1111 WESTCHESTER AVE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DREW, JEFF S 2231 E CAMELBACK RD #400 PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SIEGEL, KENNETH S 1111 WESTCHESTER AVE WHITE PLAINS, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT MORROW, PETER 2231 E CAMELBACK RD PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SCHNAID, ALAN M 2231 E. CAMELBACK RD #400 PHOENIX, AZ 85016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD PRABHU, VASANT 1111 WESTCHESTER AVE. WHITE PLAINS, NY 10604

200054207632
05/10/05--01046--011 **150.00

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)(i), 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:

Peter Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 (602) 852-3900
Date Daytime Phone #