


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005034 1. Entity Name SHAMROCK ATM INC.	
--	---

Principal Place of Business 200 VESEY STREET NEW YORK, NY 10285-3002	Mailing Address 200 VESEY STREET NEW YORK, NY 10285-3002
--	--

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2776920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000102220 04/05/04-80007-004 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSE, DAVID C 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIVILEK, JAROMIR G 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, TIMOTHY F 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, STEPHEN P 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 807, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Stephen P. Norman <small>Date</small>	3/31/04 <small>Daytime Phone #</small>	212-640-1257
--	---	--	---------------------