

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 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



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2776920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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 PD
NAME HOUSE, DAVID C
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE VTD
NAME DIVILEK, JAROMIR G
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE V
NAME WILSON, TIMOTHY F
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE SD
NAME NORMAN, STEPHEN P
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000298815
04/11/05-80002-021 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen P. Norman 4/1/05 212-640-1257

Date

Daytime Phone #