

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001337

1. Entity Name
CHRISTIE'S INC.



Principal Place of Business
20 ROCKEFELLER PLAZA
NEW YORK, NY 10020

Mailing Address
20 ROCKEFELLER PLAZA
NEW YORK, NY 10020

FILED
Apr 13, 2007 08:00 AM
Secretary of State



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2869902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
DOLMAN, EDWARD J
STREET ADDRESS
20 ROCKEFELLER PLAZA
CITY-ST-ZIP
NEW YORK, NY 10020

TITLE
NAME
PORTER, MARC B
STREET ADDRESS
20 ROCKEFELLER PLAZA
CITY-ST-ZIP
NEW YORK, NY 10020

TITLE
NAME
LASH, STEPHEN S
STREET ADDRESS
20 ROCKEFELLER PLAZA
CITY-ST-ZIP
NEW YORK, NY 10020

TITLE
NAME
LARID, JO B
STREET ADDRESS
20 ROCKEFELLER PLAZA
CITY-ST-ZIP
NEW YORK, NY 10020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000705409
04/23/07-80050-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Kelly A. D'Amico *Kelly A. D'Amico*

Date

Daytime Phone #

4/4/07