

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000006104

1. Entity Name
EGON ZEHNDER INTERNATIONAL INC.



**FILED
Mar 10, 2008 8:00 am
Secretary of State**

03-10-2008 90068 003 ***150.00

Principal Place of Business
350 PARK AVENUE
NEW YORK, NY 10022

Mailing Address

350 PARK AVENUE
NEW YORK, NY 10022

2. Principal Place of Business - No P.O. Box #
350 PARK AVENUE

3. Mailing Address

350 PARK AVENUE

Suite, Apt. #, etc.

87TH FLOOR

Suite, Apt. #, etc.

87TH FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10022

Country

USA

Zip

10022

Country

USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 revising)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

PDT
GRUMBAR, JOHN J
350 PARK AVENUE, 87TH FLOOR
NEW YORK, NY 10022

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SANchez ZINNY, GABRIEL
350 PARK AVENUE, 87TH FLOOR
NEW YORK, NY 10022

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

212-519-6000

Daytime Phone #