


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90020 030 ***150.00

DOCUMENT # J39494		
1. Entity Name GILMAN INDUSTRIAL BUILDING COMPANY		

Principal Place of Business 111 WEST 50 ST. NEW YORK, NY 10020	Mailing Address ATTN: STEPHEN CROPPER 111 WEST 50TH STREET NEW YORK, NY 10020
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2. Principal Place of Business 111 West 50th St	3. Mailing Address 111 West 50th St
Suite, Apt. #, etc. 40th Floor	Suite, Apt. #, etc. 40th Floor
City & State New York, NY	City & State New York, NY
Zip 10020	Country




01172005 Chg-P CR2E034 (10/03)

4. FEI Number 58-1721801	Applied For <input type="checkbox"/> Not Applicable
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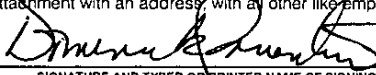
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, J. GROVER 581705 WHITE OAK ROAD YULEE, FL 32097	7. Name and Address of New Registered Agent Name Dominick Sorrentino Street Address (P.O. Box Number is Not Acceptable) 581705 White Oak Rd City Yulee FL Zip Code 32097
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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 	Dominick Sorrentino	DATE 01/31/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, WILLIAM H 581705 WHITE OAK ROAD YULEE, FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen W. Cropper 111 West 50th St., 40th Floor New York, NY 10020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGREEN, BERNARD D 111 WEST 50TH STREET NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOODY, NATALIE P 111 WEST 50TH STREET NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAIELLA, JOHN R 111 WEST 50TH ST NEW YORK, NY 10020 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 an other like empowered.		
SIGNATURE: 	01/31/05	904-548-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #