

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90034 013 ****50.00

DOCUMENT # M02000001290

1. Entity Name
MBSC, LLC



Principal Place of Business
200 PARK AVE.
NEW YORK, NY 10166

Mailing Address
200 PARK AVE.
NEW YORK, NY 10166

20030224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

25-1800439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME P OFFICER, J. DAVID ☐ Delete
STREET ADDRESS 200 PARK AVE.
CITY-ST-ZIP NEW YORK, NY 10166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME CP MARESCA, WILLIAM H ☒ Delete
STREET ADDRESS 200 PARK AVE.
CITY-ST-ZIP NEW YORK, NY 10166

TITLE NAME Chief Financial Officer ☐ Change ☒ Addition
NAME Gary Pierce
STREET ADDRESS 200 Park Avenue
CITY-ST-ZIP New York, New York 10166

TITLE NAME C STOREN, STEVEN ☒ Delete
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME C BRADLE, KEN ☐ Delete
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VPT SCHACHAR, THEODORE A ☐ Delete
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Theodore A. Schachar V.P./Tax 4/5/2006 (212) 922-7550

Date

Daytime Phone #