Robert JUN 02 2005

05-19-2005 90047 020 ***150.00
M43259

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M43259

1. Entity Name
REINECKE FUCHS, INC.

05 JUN -2 AM 10:27
SEC OF STATE
TALLAHASSEE, FLORIDA

50052931

05122005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
700 BROADWAY NEW YORK, NY 10003 US	700 BROADWAY NEW YORK, NY 10003 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0099316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLICKER, JOHN 700 BROADWAY NEW YORK, NY 10003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P&D Robert Perciasepe 700 Broadway NY NY 10003	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CUNNINGHAM, JAMES A 700 BROADWAY NEW YORK, NY 10003	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V&T Monique Quinn 700 Broadway NY NY 10003	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS O'BRIEN, DDONAL C 2 STAMFORD LANDING SUITE 100 STAMFORD, CT 06902	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carol M. Browner 700 Broadway NY NY 10003	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOUGLAS, PATRICIA 700 BROADWAY NEW YORK, NY 10003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David H. Pardoe 700 Broadway NY, NY 10003	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Patricia Douglas 6/2/05 (202)979-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #