

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90006 048 \*\*\*550.00

**DOCUMENT # M60245**

1. Entity Name  
**MONTENAY PROJECTS INC.**



Principal Place of Business  
**ONE PENNSYLVANIA PLAZA  
4400  
NEW YORK, NY 10119**

Mailing Address  
**ONE PENNSYLVANIA PLAZA  
4400  
NEW YORK, NY 10119**

**44049703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0009866**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301-0000**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME MORTON, THOMAS A.R.  
STREET ADDRESS 6990 NW 97 AVENUE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VPS ☐ Change ☒ Addition  
NAME Skopp, Fredric M.  
STREET ADDRESS 6990 NW 97 Avenue  
CITY-ST-ZIP Miami FL 33178

TITLE VP ☒ Delete  
NAME NEU, CHRIS  
STREET ADDRESS ONE PENNSYLVANIA PLAZA, STE 4400  
CITY-ST-ZIP NEW YORK, NY 10119

TITLE VP ☒ Change ☐ Addition  
NAME Neu, Christopher J.  
STREET ADDRESS One Pennsylvania Plaza, Ste 4400  
CITY-ST-ZIP New York NY 10119

TITLE CD ☒ Delete  
NAME PASSAGE, STEPHEN S  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK, NY 10119

TITLE CDP ☒ Change ☐ Addition  
NAME Passage, Stephen S.  
STREET ADDRESS One Pennsylvania Plaza, Ste 4400  
CITY-ST-ZIP New York NY 10119

TITLE DVPT ☒ Delete  
NAME MURPHY, THOMAS  
STREET ADDRESS ONE PENNSYLVANIA PLAZA, STE 4400  
CITY-ST-ZIP NEW YORK, NY 10119

TITLE DVPTAS ☒ Change ☐ Addition  
NAME Murphy, Thomas  
STREET ADDRESS One Pennsylvania Plaza, Ste 4400  
CITY-ST-ZIP New York NY 10119

TITLE VPD ☐ Delete  
NAME CHAE, YOON  
STREET ADDRESS ONE PENNSYLVANIA PLAZA, STE 4400  
CITY-ST-ZIP NEW YORK, NY 10119

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

TITLE AS ☐ Delete  
NAME CONDE, CRISTINA  
STREET ADDRESS 6990 NW 97TH AVE  
CITY-ST-ZIP MIAMI, FL 33178

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-22-04

305-499-9495