2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66027

FILED Apr 27, 2004 Secretary of State

Entity Name: SYLVAN HILLS CORPORATION						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
50 CHARL	ERI & CO INC .ES LINDBERG LE, NY 11553	H BLVD, STE 500 US				
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
50 CHARL	ERI & CO INC .ES LINDBERG LE, NY 11553	H BLVD, STE 500 US				
FEI Number: 59-2880627 FEI Number Applied For ()		FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1201 HAYS STE 105		SYSTEM, INC. 11 US				
	named entity see of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () KAUFMAN, HEN 660 MADISON A NEW YORK, NY	N E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	RANIERI, LEWI	CO. 50 CHARLES LINDBERG BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MULLEN, JOHN	CO, 50 CHARLES LINDBAUGH	Title: Name: Address: City-St-Zip:	MULLEN, JO	I & CO, 50 CHARLES LINDBERGH	
Title: Name: Address: City-St-Zip:	WILSON, KEND	EET, 23RD FLOOR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	DSV ()	Delete	Title:		()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEWIS S. RANIERI Ρ 04/27/2004

GOLUSH, DAVID M

1702 GRANDVIEW AVENUE

WESTFIELD, NJ 07090

Name:

Address:

City-St-Zip: