2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P02000029261

Entity Name: 5600 GP, INC.

Current Principal Place of Business:

423 WEST 55TH STREET, 12TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

ATTN: KATHRYN MANSFIELD
3100 MONTICELLO AVE., SUITE 200
DALLAS, TX 75205

New Mailing Address:

FEI Number: 13-4214890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	EVPS	( ) Delete
Name:	MANSFIELD, KATHRYN	
Address:	3100 MONTICELLO AVE STE 200	
City-St-Zip:	DALLAS, TX 75205	
Title:	D	( ) Delete
Name:	FRIEDMAN, WILLIAM S	
Address:	423 WEST 55TH STREET, 12TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	P	( ) Delete
Name:	ROTHENBERG, ROBERT	
Address:	423 WEST 55TH STREET, 12TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	CFO	( ) Delete
Name:	PICKENS, ERIN D	
Address:	3100 MONTICELLO AVE STE 200	
City-St-Zip:	DALLAS, TX 75205	
Title:	EVP	( ) Delete
Name:	RUBENSTEIN, CHARLES	
Address:	423 WEST 55TH STREET, 12TH FLOOR	
City-St-Zip:	NEW YORK, NY 10019	
Title:	EVP	( ) Delete
Name:	THOMPSON, WILLIAM	
Address:	346 QUINNIPIAC ST 3RD FLOOR	
City-St-Zip:	WALLINGFORD, CT 06492	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: KATHRYN MANSFIELD EVPS 04/17/2008

Electronic Signature of Signing Officer or Director — Date