

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 037 ***550.00

DOCUMENT # P03000120396

1. Entity Name
CAL PLAZA GP, INC.



Principal Place of Business
**1775 BROADWAY 23 FLOOR
NEW YORK, NY 10019**

Mailing Address
**3100 MONTICELLO AVE.
SUITE 200
DALLAS, TX 75205**

40111



2. Principal Place of Business - No P.O. Box #
423 West 55th Street, 12th Floor

3. Mailing Address
Suite, Apt. #, etc.

05102007 Chg-P CR2E034 (12/06)

City & State
New York, NY

City & State

Zip
10019

Country

Zip Country

4. FEI Number
20-0340122

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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	D VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, TANYA E		NAME		
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR		STREET ADDRESS	423 West 55th Street, 12th Floor	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York NY 10019	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINOR, TODD C		NAME		
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR		STREET ADDRESS	423 West 55th Street, 12th Floor	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York NY 10019	
TITLE	D VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, EZRA H		NAME		
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR		STREET ADDRESS	423 West 55th Street, 12th	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York, NY 10019	
TITLE	D P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, WILLIAM S		NAME		
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR		STREET ADDRESS	423 West 55th Street	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York, NY 10019	
TITLE	D T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, LUCY N		NAME		
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR		STREET ADDRESS	423 West 55th Street	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	New York, NY 10019	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSFIELD, KATHRYN		NAME		
STREET ADDRESS	3100 MONTICELLO AVE., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75205		CITY-ST-ZIP		

12. 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 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: Kathryn Mansfield, EVP **5/25/2007** **214-599-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #