

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13451

FILED
Apr 08, 2011
Secretary of State

Entity Name: THE LATHROP COMPANY, INC.

Current Principal Place of Business:

375 HUDSON STREET 6TH FLOOR
NEW YORK, NY 10014

New Principal Place of Business:

Current Mailing Address:

375 HUDSON STREET 6TH FLOOR
NEW YORK, NY 10014

New Mailing Address:

FEI Number: 13-3360612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MANAHAN, THOMAS J JR
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: VP
Name: KLEPPER, STEPHEN J
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: TREA
Name: SHAW, CARYL C
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: SD
Name: CHRISTO, STEPHEN M
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: DIR
Name: HOMAN, RICHARD P
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: DIR
Name: DICIURCIO, JOHN A
Address: 375 HUDSON STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10014

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

04/08/2011

Electronic Signature of Signing Officer or Director

Date