

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 014 ***150.00

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03032006 Chg-P CR2E034 (11/05)

4. FEI Number
43-1333368
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKHAM, CRAIG W	
STREET ADDRESS	13045 TESSON FERRY RD.	
CITY-ST-ZIP	SAINT LOUIS, MO 63128	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AQUINO, VIRGELAN E	
STREET ADDRESS	485-E US HWY 1 SOUTH	
CITY-ST-ZIP	ISELINN, NJ 08830	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, ROBERT	
STREET ADDRESS	485-E US HWY 1 SOUTH	
CITY-ST-ZIP	ISELINN, NJ 08830	
TITLE	V	<input type="checkbox"/> Delete
NAME	DECKER, DAVID J	
STREET ADDRESS	260 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FULLER, CHARLES E	
STREET ADDRESS	485-E US HWY 1 SOUTH	
CITY-ST-ZIP	ISELIN, NJ 08830	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HIPWORTH, PAUL D	
STREET ADDRESS	485-E US HWY 1 SOUTH	
CITY-ST-ZIP	ISELIN, NJ 08830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory M. Harrison	
STREET ADDRESS	One MetLife Plaza, 27-01 Queens Plaza N.	
CITY-ST-ZIP	Long Island City, NY 11101	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Toppeta	
STREET ADDRESS	One MetLife Plaza, 27-01 Queens Plaza N.	
CITY-ST-ZIP	Long Island City, NY 11101	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David J. Decker	
STREET ADDRESS	300 Davidson Avenue	
CITY-ST-ZIP	Somerset, NJ 08873	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwenn L. Carr	
STREET ADDRESS	One MetLife Plaza, 27-01 Queens Plaza N.	
CITY-ST-ZIP	Long Island City, NY 11101	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony J. Williamson	
STREET ADDRESS	One MetLife Plaza, 27-01 Queens Plaza N.	
CITY-ST-ZIP	Long Island City, NY 11101	

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: Gregory M. Harrison Gregory M. Harrison, Assistant Treasurer, 3/28/06, 212-578-4852
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #