

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90017 010 \*\*\*150.00

**DOCUMENT # P22005**

1. Entity Name

PAC ORD INC.



Principal Place of Business

2427 HOOVER AVENUE  
NATIONAL CITY CA 91950  
US

Mailing Address

2427 HOOVER AVENUE  
NATIONAL CITY CA 91950  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 23-2523436

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 substituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
HAWKS, DOUGLAS I  
2427 HOOVER AVENUE  
NATIONAL CITY CA 91950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D3  
LANZA, FRANK C  
600 THIRD AVENUE  
NEW YORK NY 10016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
LAPENTA, ROBERT V  
600 THIRD AVENUE  
NEW YORK NY 10016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VSD  
CAMBRIA, CHRISTOPHER C  
600 THIRD AVENUE  
NEW YORK NY 10016 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VFIN  
STRIANESE, MICHAEL  
600 THIRD AVENUE  
NEW YORK NY 10016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VT  
SOUZA, STEVE  
600 THIRD AVENUE  
NEW YORK NY 10016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP AND CHIEF FINANCIAL OFFICER  
RALPH G. D'AMBROSIO  
600 THIRD AVENUE  
NEW YORK, NY 10016 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
SVP GENERAL COUNSEL / CORPORATE SECRETARY  
KATHLEEN E. KARELIS  
600 THIRD AVENUE  
NEW YORK, NY 10016 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PRESIDENT, CHIEF EXECUTIVE OFFICER AND DIRECTOR  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Douglas I Hawks* Douglas I Hawks 2/1/2007 69-336-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Anytime Phone #