


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P22005 1. Entity Name PAC ORD INC.	
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Principal Place of Business 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US	Mailing Address 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2523436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000875599 04/11/08-80041-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKS, DOUGLAS I 2427 HOOVER AVENUE NATIONAL CITY, CA 91950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO D'AMBROSIO, RALPH 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KARELIS, KATHLEEN E 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STRIANESE, MICHAEL 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SOUZA, STEVE 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	3/20/08	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			