

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P23147

1. Entity Name
INLERE INC.



Principal Place of Business
2920 MAYPORT ROAD
JACKSONVILLE, FL 32233

Mailing Address
100 CHURCH STREET
14TH FLOOR
NEW YORK, NY 10007



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3463855

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

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROLIH, I. HILARY
100 CHURCH STREET
NEW YORK, NY 10007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHIN, ALLEN
100 CHURCH STREET
NEW YORK, NY 10007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
YANG, CHI-CHENG
100 CHURCH STREET
NEW YORK, NY 10007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ERLEMANN, EILEEN J
100 CHURCH STREET
NEW YORK, NY 10007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SENECA, AL
100 CHURCH STREET
NEW YORK, NY 10007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000220714
02/08/05-80070-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

1/27/05 (212) 587-2360