FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthani
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #

P23210

(8)

4TH STREET STATION II CORPORATION

Principal Place of Business Mailing Address			I SAMILEMAN NUMBER NINGER AND	!!! BU!! B!U!! B!U!! B!U!! G!U!!	// 6/8// 9/8 // (88/		
% ALLIANZ INVESTMENT CORP. 55 GREENSFARMS ROAD		55 GREENSFARMS ROA	% ALLIANZ INVESTMENT CORP. 55 GREENSFARMS ROAD				
WESTPORT C	1 06881	WESTPORT CT 06881			3. Date Incorporated or Qualified	3a. Date of Last F	·
					03/01/1989	04/10/19	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	 1	Applied For
21		26			75- <u>226849</u> 7		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	5 Additional Required
City & State		Orty & State			6. Election Campaign Financing	T	00 May Be
23	The state of the s				Trust Fund Contribution	Adoe	ed to Fees
Zip	Country	Z _I p 29	Gount 30	Гу	8. This corporation has liability for Florida Statutes X Ye	rmtangibie tax unoers s ⊟No	199.032,
24	9. Name and Address of Curren		1301	-·	10. Name and Address of New		
-	<u> </u>		8	1 Name			
TADVOU	/ CTABLEV A		_			L. L. A.	
	/, stanley a. It kennedy blvd		8	Street Addr	ress (P.O. Box Number is Not Accepta	ore)	
SUITE 2			8	3			
	FL 33602		L				So Codo
174111 71 1	- L 0000E		8	City		FL 85 Z	lip Code
or registere familiar with SIGNATURE	d agent, or both, in the State of Floric i, and accept the obligations of, Sect	Ia Such change was authorize on 607,0505, Florida Statutes.	ed by the co	rporation's boa	ration submits this statement for the po rd of directors. I hereby accept the app	urpose of changing its pointment as registered DATE	registered office d agent. I am
	lignature, typed or printed name of registered agost OFFICERS ANI		13.	gent signature recourse	ADDITIONS/CHANGES TO OF		ORS IN 12
TITLE	PD	DELETE	1 1 Till		ADDITIONS OF INTOCO TO OF	Change	
NAME	CLARK, RONALD M.		1.2 NAM				
STREET ADDRESS	666 STEAMBOAT ROAD			EET ADDRESS			
CITY-ST-ZIP	GREENWICH CT			-ST-ZIP			
TITLE	VD	☐ DELFTE	2 1 fift			Change	☐ Addition
NAME	KURTZ, WENDELL R.		2.2 NAM	1E			
STREET ADDRESS	666 STEAMBOAT ROAD		2.3 STRI	EFT ADDRESS			
CITY-ST-ZIP	GREENWICH CT		2.4 CHY	F-ST-ZIP			
TITLE	TD TD	☐ DELETE	3 1 1010	.F		☐ Change	Addition
NAME	MARKS DAVID P.		3.2 NAM	16			
STREET ADDRESS	666 STEAMBOAT ROAD		3.3 STR	IEE1 ADDRESS			
CITY-ST-ZIP	GREENWICH CT			r - ST - ZIP			P-9 1 1 1 2
TITLE	S	☐ DELETE	4 1 7 11			☐ Change	Addition
NAME	Brennan, Brian S		4.2 NAM	NE -	6000017: -04/25/3601	95186	1
STREET ADDRESS	666 STEAMBOAT ROAD			EET ADDRESS	-04/25/9601	106010	
CITY - ST - ZIP	GREENWICH CT	T DECENT		r-Sr-7IF	***200.00	☐ Change	Addition
TITLE	AS	☐ DEFEIE	5 1 1111			☐ Change	Addrived
NAME	DEVINE, K. DANIEL		5 2 NAM				
STREET ADDRESS	1750 HENNEPIN AVENUE			EET ADDRESS			
CITY - ST - ZIP	MINNEAPOLIS MN	DELETE	5 4 UIT	7-ST-7.P		☐ Change	Addition
TITLE NAME	AS Alan A. Grove		6 2 NAN	i			
STREET ADDRESS	1750 HENNEPIN AVENUE			EET ADDRESS			
	MINNEAPOLIS MN		1	Y - ST - ZIP			
14. 1 do hereby	certify that the information supplied	with this filing is voluntarily furni	ished and d	desingt qualify	for the exemption stated in Section 11	9 07(3)(k). Florida Stati	utes. I further
certify that	the information indicated on this anni-	ual report or supplemental annu	ual report is:	true and accura	ate and that my signature shall bave this report as required by Chapter 607,	io same legal effect as	if made under

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR