

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P23950

1. Entity Name
PUBLIC RESOURCES ADVISORY GROUP, INC.



Principal Place of Business
**40 RECTOR STREET
SUITE 1600
NEW YORK, NY 10006**

Mailing Address
**40 RECTOR STREET
SUITE 1600
NEW YORK, NY 10006**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3266119

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COBBS, WILLIAM W
STREET ADDRESS	40 RECTOR ST.
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	ST
NAME	PEYSER, STEVEN
STREET ADDRESS	40 RECTOR ST
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	VP
NAME	HOUGH, WESLEY C
STREET ADDRESS	11845 W. OLYMPIC BLVD. STE. 640
CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: William W. Cobbs William W. Cobbs 03/07/08 212-566-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #