

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90025 040 ***150.00

20030761



03142005 Chg-P CR2E034 (10/03)

4. FEI Number
13-3557425

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, SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 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	DEVS	<input type="checkbox"/> Delete
NAME	FRICKLAS, MICHAEL D	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	PR	<input type="checkbox"/> Delete
NAME	FRESTON, THOMAS	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	FUESRT, JANE R	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FREEDLINE, ROBERT G	
STREET ADDRESS	1515 BORADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GORDON, SUSAN C	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Jane R. Fuerst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane R. Fuerst,
Asst. Secy.

4/11/05
Date

(212) 258 6680
Daytime Phone #