

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90043 042 \*\*\*150.00

**DOCUMENT # P35444**

1. Entity Name  
**PARKWOOD PROPERTIES CORP.**



Principal Place of Business  
**C/O BANKERS TRUST COMPANY  
130 LIBERTY  
NEW YORK, NY 10006**

Mailing Address  
**CORPORATE TAX DEPARTMENT  
P.O. BOX 1703, WALL STREET STATION  
NEW YORK, NY 10368**

2. Principal Place of Business  
**c/o Deutsche Bank**

3. Mailing Address  
**Deutsche Bank**

Suite, Apt. #, etc.  
**60 Wall Street, NYC60-4006**

Suite, Apt. #, etc.  
**60 Wall Street, NYC60-4006**

01052004

Chg-P

CR2E034 (10/03)

City & State  
**New York, NY**

City & State  
**New York, NY**

4. FEI Number  
**13-3626717**

Applied For  
☐ Not Applicable

Zip  
**10005**

Country  
**USA**

Zip  
**10005**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	P EGAN, JAMES D. 130 LIBERTY NEW YORK, NY 10006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ALEXANDER B.V. 130 LIBERTY NEW YORK, NY 10006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, BRUCE 130 LIBERTY NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULMAN, STEWART 130 LIBERTY NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/S DIGRAEIA, JOSEPH 130 LIBERTY ST. NEW YORK, NY 1006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPOSITO, GREGORY 130 LIBERTY NEW YORK, NY 10006 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Egan, James D. 1251 Avenue of the Americas New York, NY 10020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Johnson, Alexander B.V. 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/S DiGrazia, Joseph 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sposito, Gregory 1251 Avenue of the Americas New York, NY 10020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

1/16/04

212 250-8174