

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P36483

1. Entity Name
GEORGE G. SHARP, INC.



Principal Place of Business
**100 CHURCH STREET
NEW YORK, NY 10007**

Mailing Address
**100 CHURCH STREET
NEW YORK, NY 10007**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5628360

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	D
NAME	ROLIH, I. HILARY
STREET ADDRESS	100 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	DP
NAME	CHIN, ALLEN
STREET ADDRESS	100 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	YANG, CHI-CHENG
STREET ADDRESS	100 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	VP
NAME	RIESS, JAMES R
STREET ADDRESS	5041 CORPORATE WOODS DRIVE
CITY-ST-ZIP	VIRGINIA BEACH, VA
TITLE	S
NAME	ERLEMANN, EILEEN J.
STREET ADDRESS	100 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY
TITLE	T
NAME	SENECA, AL
STREET ADDRESS	100 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY

1100001381928
01/19/05-80008-005 150.00

**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)(f), 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:

AL Seneca *AL Seneca*

1/12/05

(212) 732-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #