

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90024 022 \*\*\*150.00

**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 22 Cortlandt St.  
NEW YORK, NY 10007**

2. Principal Place of Business

3. Mailing Address  
**22 Cortlandt St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**10th Floor**

City & State

City & State  
**New York, NY**

Zip

Country

Zip

**10007**

Country  
**Manhattan**

02132006

Chg-P

CR2E034 (11/05)

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**

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, 2006 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** ☐ Delete  
NAME **ROLIH, I: HILARY**  
STREET ADDRESS **100 CHURCH STREET**  
CITY-ST-ZIP **NEW YORK, NY**

TITLE **DP** ☐ Delete  
NAME **CHIN, ALLEN**  
STREET ADDRESS **100 CHURCH STREET**  
CITY-ST-ZIP **NEW YORK, NY**

TITLE **D** ☐ Delete  
NAME **YANG, CHI-CHENG**  
STREET ADDRESS **100 CHURCH STREET**  
CITY-ST-ZIP **NEW YORK, NY**

TITLE **VP** ☐ Delete  
NAME **RIESS, JAMES R**  
STREET ADDRESS **5041 CORPORATE WOODS DRIVE**  
CITY-ST-ZIP **VIRGINIA BEACH, VA**

TITLE **S** ☐ Delete  
NAME **ERLEMANN, EILEEN J.**  
STREET ADDRESS **100 CHURCH STREET**  
CITY-ST-ZIP **NEW YORK, NY**

TITLE **T** ☐ Delete  
NAME **SENECA, AL**  
STREET ADDRESS **100 CHURCH STREET**  
CITY-ST-ZIP **NEW YORK, NY**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22 Cortlandt St., 10th Floor**  
CITY-ST-ZIP **New York, NY 10007**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22 Cortlandt St., 10th Floor**  
CITY-ST-ZIP **New York, NY 10007**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22 Cortlandt St., 10th Floor**  
CITY-ST-ZIP **New York, NY 10007**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22 Cortlandt St., 10th Floor**  
CITY-ST-ZIP **New York, NY 10007**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22 Cortlandt St., 10th Floor**  
CITY-ST-ZIP **New York, NY 10007**

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: Al Seneca Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06  
Date

212-732-2800  
Daytime Phone #