
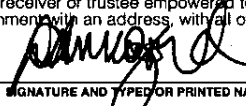


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90185 036 ***158.75

DOCUMENT # P37937 1. Entity Name HALSEY, MCCORMACK & HELMER, INC.					
Principal Place of Business MANCINI-DUFFY 39 WEST 13TH STREET NEW YORK, NY 10011			Mailing Address MANCINI-DUFFY 39 WEST 13TH STREET NEW YORK, NY 10011		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2612739	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P FRANK, DINA <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	39 WEST 13TH STREET NEW YORK, NY 10011		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	CFO HANNAFORD, DAVID <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	39 WEST 13TH STREET NEW YORK, NY 10011		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	S REFAAT, ZAKHARY <input checked="" type="checkbox"/> Delete		TITLE NAME	S Bleiweiss, Steven <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	39 WEST 13TH STREET NEW YORK, NY 10011		STREET ADDRESS CITY-ST-ZIP	39 West 13th Street New York, N.Y. 10011	
TITLE NAME	C MANCINI, RALPH <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	39 WEST 13TH STREET NEW YORK, NY 10011		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	CEO SCHIRIPA, ANTHONY <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	39 WEST 13TH STREET NEW YORK, NY 10011		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID HANNAFORD		
			Date 4/6/05 Daytime Phone 212.651.6319		

50036215



04052005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable