

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90296 033 ***150.00

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1. Entity Name
PARTNERSFIRST MANAGEMENT, INC.



Principal Place of Business
**3 HUNTINGTON QUADRANGLE
2 SOUTH
MELVILLE, NY 11754 US**

Mailing Address
**3 HUNTINGTON QUADRANGLE
2 SOUTH
MELVILLE, NY 11754 US**

14011618



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3156379

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802**

**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	PDCO
NAME	PERRY, VERNON A
STREET ADDRESS	3 HUNTINGTON QUADRANGLE 2 SO
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	CCEO
NAME	MALONE, RONALD A
STREET ADDRESS	3 HUNTINGTON QUADRANGLE 2 SO
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	SVPT
NAME	POTAPCHUK, JOHN
STREET ADDRESS	3 HUNTINGTON QUADRANGLE 2 SO
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	AS
NAME	SCHWARTZ, RUTH
STREET ADDRESS	3 HUNTINGTON QUADRANGLE 2 SO
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 #

John R. Potapchuk
4/25/05