

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000058229

1. Entity Name  
US CONVENTION CORPORATION



Principal Place of Business  
28 W. GRAND AVE  
MONTVALE, NJ 07645

Mailing Address  
28 W. GRAND AVE  
MONTVALE, NJ 07645



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0526116

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL 32301

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MYERS, STEVEN E  
460 WORTH AVE  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ANDERSON, MICHAEL C  
207 COMMODORE DRIVE  
JUPITER, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
PEARSON, JAMES  
28 W. GRAND AVE  
MONTVALE, NJ 07645

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
RUBIN, MARTIN A  
28 W GRAND AVE  
MONTVALE, NJ 07645

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000188918  
01/24/05-80075-008 150.00

**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 officer 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

JAMES D. PEARSON

1/13/05

Date

201 930 9000

Daytime Phone #