

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033648

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: HERON COVE NATIONAL, INC.

## Current Principal Place of Business:

423 WEST 55TH STREET  
12TH FLOOR  
NEW YORK, NY 10019

## New Principal Place of Business:

## Current Mailing Address:

ATTN: KATHRYN MANSFIELD  
3100 MONTICELLO AVE., SUITE 200  
DALLAS, TX 75205

## New Mailing Address:

FEI Number: 13-3883843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FRIEDMAN, WILLIAM S  
Address: 423 WEST 55TH STREET, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: EVPT ( ) Delete  
Name: MINOR, TODD  
Address: 423 WEST 55TH STREET, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: EVPS ( ) Delete  
Name: MANSFIELD, KATHRYN  
Address: 3100 MONTICELLO AVE., STE 200  
City-St-Zip: DALLAS, TX 75205

Title: EVP ( ) Delete  
Name: PICKENS, ERIN  
Address: 3100 MONTICELLO AVE., SUITE 200  
City-St-Zip: DALLAS, TX 75205

Title: EVP ( ) Delete  
Name: RUBENSTEIN, CHARLES D  
Address: 423 WEST 55TH STREET, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

Title: P ( ) Delete  
Name: ROTHENBERG, ROBERT P  
Address: 423 WEST 55TH STREET, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN MANSFIELD

EVPS

04/17/2008

Electronic Signature of Signing Officer or Director

Date