


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000098494	
1. Entity Name AUTO (FL) QRS 11-39, INC.	

Principal Place of Business 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020	Mailing Address 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3920902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000934634 05/23/08-80042-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, WILLIAM P. 50 ROCKEFELLER PLAZA, 2N FLOOR NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, BENJAMIN P 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEHOE, ROBERT CRAIG 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO, YASMIN 50 ROCKEFELLER PLAZA NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WONG, ANSON S 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Anson Wong, Assistant Treasurer Anson Wong, Asst Treasurer 4/21/08 212 492 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #