

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002710

Entity Name: THOMAS PINK INC.

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

19 E 57TH STREET  
NEW YORK, NY 10022

**New Principal Place of Business:**

19 E 57TH STREET  
19TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

19 E. 57TH STREET  
NEW YORK, NY 10022

**New Mailing Address:**

19 E 57TH STREET  
19TH FLOOR  
NEW YORK, NY 10022

FEI Number: 98-0165823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PRES ( ) Delete  
Name: DUNDON, ROBERT  
Address: 19 E 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

Title: CEO ( ) Delete  
Name: HEILBRON, JONATHAN  
Address: 1 HAVELOCK TERRACE  
City-St-Zip: LONDON SW8 AP4 ENGLAND, EN

Title: S (X) Delete  
Name: KOLANDA, KATHRYN  
Address: 625 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete  
Name: FIRESTONE, LOUISE  
Address: 19 EAST 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: FD (X) Change ( ) Addition  
Name: JAMES, COX  
Address: 19 E 57TH STREET  
City-St-Zip: NEW YORK, NY 10022

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: LOUISE FIRESTONE

D

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date