

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002565

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: EYP MISSION CRITICAL FACILITIES, INC.

**Current Principal Place of Business:**

440 PARK AVE SOUTH, 14TH FLOOR  
NEW YORK, NY 10016 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 PARK AVE SOUTH, 14TH FLOOR  
NEW YORK, NY 10016 US

**New Mailing Address:**

FEI Number: 11-2049537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: DP ( ) Delete  
Name: EINHORN, STEVEN L  
Address: 54 STATE STREET, 3RD FLOOR  
City-St-Zip: ALBANY, NY 12207

Title: DCEO ( ) Delete  
Name: GROSS, PETER  
Address: 11845 W. OLYMPIC BLVD.  
City-St-Zip: LOS ANGELES, CA 90064

Title: OCFO ( ) Delete  
Name: GLICKMAN, RICHARD  
Address: 440 PARK AVE SOUTH, 14TH FLOOR  
City-St-Zip: NEW YORK, NY 10016 US

Title: D (X) Delete  
Name: MILLS, MARK  
Address: 8319 KERRY ROAD  
City-St-Zip: CHEVY CHASE, MD 20815

Title: D ( ) Delete  
Name: SUTTON, JOSEPH  
Address: 1100 LOUISIANA STREET, SUITE 1210  
City-St-Zip: HOUSTON, TX 77002

Title: D ( ) Delete  
Name: WILSON, MICHAEL  
Address: 125 HIGH STREET, STE. 2500  
City-St-Zip: BOSTON, MA 02110

**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 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 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: RICHARD GLICKMAN

Electronic Signature of Signing Officer or Director

OCFO

04/21/2005

\_\_\_\_\_ Date