## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001520

Entity Name: MADISON OLD HYDE PARK INC.

**Current Principal Place of Business:** 

1000 MAINE AVENUE SW SUITE 300

WASHINGTON, DC 20024

**Current Mailing Address:** 

1000 MAINE AVENUE SW SUITE 300

WASHINGTON, DC 20024 US

FEI Number: 20-2469798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

FILED Apr 23, 2021

**Secretary of State** 

2530094610CC

Officer/Director Detail:

Title VP Title DIRECTOR

Name JUN, PETER Name JUN, PETER

Address 40 EAST 52ND STREET Address 40 EAST 52ND STREET

15TH FLOOR 15TH FLOOR

City-State-Zip: NEW YORK NY 10022 City-State-Zip: NEW YORK NY 10022

Title VP Title PRESIDENT

Name BRAINERD, DAVID Name HAMMOUR, AMER

Address 1000 MAINE AVENUE SW Address 1000 MAINE AVENUE SW

SUITE 300 SUITE 300

City-State-Zip: WASHINGTON DC 20024 City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR Title TREASURER

Name HAMMOUR, AMER Name ELLIOTT, JOHN

Address 1000 MAINE AVENUE SW Address 1000 MAINE AVENUE SW

SUITE 300 SUITE 300

City-State-Zip: WASHINGTON DC 20024 City-State-Zip: WASHINGTON DC 20024

Title VP Title DIRECTOR

Name ELLIOTT, JOHN Name BRAINERD, DAVID

Address 1000 MAINE AVENUE SW Address 1000 MAINE AVENUE SW

SUITE 300 SUITE 300

City-State-Zip: WASHINGTON DC 20024 City-State-Zip: WASHINGTON DC 20024

## Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: PETER JUN DIRECTOR 04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleVPTitleSECRETARYNameFLEURY, JOHNNameJUN, PETER

Address 1000 MAINE AVENUE SW Address 40 EAST 52ND STREET

SUITE 300 15TH FLOOR

City-State-Zip: WASHINGTON DC 20024 City-State-Zip: NEW YORK NY 10022