

**2022 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

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**7270358165CC**

**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

**Officer/Director Detail :**

Title	VP
Name	JUN, PETER
Address	40 EAST 52ND STREET 15TH FLOOR
City-State-Zip:	NEW YORK NY 10022
Title	VP
Name	BRAINERD, DAVID
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024
Title	DIRECTOR
Name	HAMMOUR, AMER
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024
Title	VP
Name	ELLIOTT, JOHN
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024

Title	DIRECTOR
Name	JUN, PETER
Address	40 EAST 52ND STREET 15TH FLOOR
City-State-Zip:	NEW YORK NY 10022
Title	PRESIDENT
Name	HAMMOUR, AMER
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024
Title	TREASURER
Name	ELLIOTT, JOHN
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024
Title	DIRECTOR
Name	BRAINERD, DAVID
Address	1000 MAINE AVENUE SW SUITE 300
City-State-Zip:	WASHINGTON DC 20024

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*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

**SECRETARY**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name FLEURY, JOHN  
Address 1000 MAINE AVENUE SW  
SUITE 300  
City-State-Zip: WASHINGTON DC 20024

Title SECRETARY  
Name JUN, PETER  
Address 40 EAST 52ND STREET  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10022