

2023 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

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: JUN , PETER

VP

03/16/2023

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