## 2024 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:

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 22, 2024

**Secretary of State** 

1989028232CC

Officer/Director Detail:

Title ٧P Title DIRECTOR

JUN. PETER JUN. PETER Name Name

> 1000 MAINE AVENUE SW 1000 MAINE AVENUE SW SUITE 300 SUITE 300

Address

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

Title Title **PRESIDENT** 

BRAINERD, DAVID HAMMOUR, AMER Name Name

1000 MAINE AVENUE SW 1000 MAINE AVENUE SW Address Address

SUITE 300 SUITE 300

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

Title **DIRECTOR** Title **TREASURER** HAMMOUR, AMER ELLIOTT, JOHN Name Name

1000 MAINE AVENUE SW 1000 MAINE AVENUE SW Address Address

SUITE 300 SUITE 300

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

Title **DIRECTOR** Title

Name BRAINERD, DAVID Name FLEURY, JON

Address 1000 MAINE AVENUE SW 1000 MAINE AVENUE SW Address

SUITE 300 SUITE 300

City-State-Zip: WASHINGTON DC 20024 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.

04/22/2024 VΡ SIGNATURE: PETER JUN

## Officer/Director Detail Continued:

Title SECRETARY Name JUN, PETER

1000 MAINE AVENUE SW SUITE 300 Address

City-State-Zip: WASHINGTON DC 20024