

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F92000000223**

1. Entity Name  
**MAFCO HOLDINGS INC.**



Principal Place of Business

**38 EAST 63RD STREET  
NY, NY 10021 US**

Mailing Address

**35 EAST 62RD STREET  
NY, NY 10021 US**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3603886**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000345634  
04/30/05-80045-014 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	PERELMAN, RONALD O
STREET ADDRESS	35 EAST 62ND STREET
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VCD
NAME	DRAPKIN, DONALD G
STREET ADDRESS	35 EAST 62ND STREET
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	EVGC
NAME	SCHWARTZ, BARRY
STREET ADDRESS	35 EAST 62ND STREET
CITY-ST-ZIP	NY, NY 10021
TITLE	VCD
NAME	GITTIS, HOWARD G
STREET ADDRESS	35 EAST 62ND STREET
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	VPAS
NAME	MARVIN, SCHAFER
STREET ADDRESS	35 EAST 62ND STREET
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Marvin Schaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/05 2125228418**