


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L17057**  
 1. Entity Name  
 40 HOTEL CORP.



Principal Place of Business      Mailing Address  
 40 BEAVER ST                      40 BEAVER ST  
 ALBANY, NY 12207 US            ALBANY, NY 12207 US

**DO NOT WRITE IN THIS SPACE**



02122008    No Chg-P    CR2E034 (11/05)

4. FEI Number 58-1862312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ZIPES, RICHARD D  
 112 NURMI DR  
 FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIPES, RICHARD D. 40 BEAVER ST ALBANY, NY 12207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SWAWITE, DAVID 40 BEAVER ST ALBANY, NY 12207
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 03/26/08-80003-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David Swawite*      3/5/08      518-432-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #