


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P15733**  
 1. Entity Name  
**MACANDREWS & FORBES HOLDINGS INC.**



Principal Place of Business      Mailing Address  
**38 EAST 63RD STREET**      **38 EAST 63RD STREET**  
**NEW YORK, NY 10021 US**      **NEW YORK, NY 10021 US**

**DO NOT WRITE IN THIS SPACE**



04252005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**22-2470551**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES STREET**  
**TALLAHASSEE, FL 32301**

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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, 2005 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	CEOD PERELMAN, RONALD O 35 EAST 62ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GITTIS, HOWARD 35 EAST 62ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DRAPKIN, DONALD 35 EAST 62ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPG SCHWARTZ, BARRY F 35 EAST 62ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC SLOTKIN, TODD J 35 EAST 62ND STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MARVIN, SCHAFFER 35 EAST 62ND STREET NEW YORK, NY 10021

04/30/05-80045-016 150.00

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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*      *4/30/05*      *212 572 8118*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #