

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004858

Entity Name: ISTAR BUSCO INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

1114 AVENUE OF THE AMERICAS, 39TH FLOOR
C/O ISTAR FINANCIAL, INC.
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

1114 AVENUE OF THE AMERICAS, 39TH FLOOR
C/O ISTAR FINANCIAL, INC.
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 20-5236914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SUGARMAN, JAY
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: CFO () Delete
Name: RICE, CATHERINE
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: S () Delete
Name: DUGAN, GEOFFREY M.
Address: ONE SANSOME STREET, 30TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: JAMES, BURNS
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEOFFREY M. DUGAN

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04/14/2009

Electronic Signature of Signing Officer or Director

Date