


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90197 016 ***150.00

DOCUMENT # F95000004808					
1. Entity Name SALOMON REINVESTMENT COMPANY INC.					
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013 US			Mailing Address 388 GREENWICH STREET TAX DEPT 22ND FL NEW YORK, NY 10013 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3845724	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, WILLIAM		NAME		
STREET ADDRESS	388 GREENWICH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOROWITZ, GEDALE B		NAME		
STREET ADDRESS	388 GREENWICH ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEINMAN, MARK		NAME		
STREET ADDRESS	388 GREENWICH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABIRO, MARC		NAME		
STREET ADDRESS	390 GREENWICH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANZEL, KEITH		NAME		
STREET ADDRESS	388 GREENWICH ST 22ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALTER, ANDREW W		NAME		
STREET ADDRESS	250 WEST ST		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10013		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Keith Anzel</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/27/05</u>	
				Daytime Phone #	