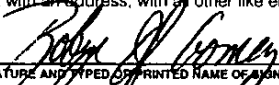


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 017 ***550.00

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 <i>3800 Citigroup Center Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>62-18</i>	
City & State		City & State <i>Tampa, FL</i>	
Zip	Country	Zip	Country
		<i>33610</i>	
4. FEI Number 13-3845724		Applied For Not Applicable	
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) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	<i>Asst. Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, WILLIAM	NAME	<i>Robin Gortley</i>
STREET ADDRESS	388 GREENWICH STREET	STREET ADDRESS	<i>3800 Citigroup Center Dr.</i>
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	<i>Tampa, FL 33610</i>
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	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 checked="" 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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date _____	
		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50020034

