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FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000006198 (4)

1. Corporation Name

ARES REALTY CAPITAL, INC.

Principal Place of Business

ONE ATLANTIC STREET  
STAMFORD CT 06901

Mailing Address

ONE ATLANTIC STREET  
STAMFORD CT 06901-2402



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

05/16/1996

4. FEI Number

06-1426585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DENARDO, STEPHEN  
STREET ADDRESS 163 BARNCROFT RD.  
CITY - ST - ZIP STAMFORD CT

TITLE V ☒ DELETE

NAME DEWEY JR, CHARLES E  
STREET ADDRESS 6 LYONS PLAINS RD.  
CITY - ST - ZIP WESTPORT CT

TITLE S ☒ DELETE

NAME BANK, EDWARD P  
STREET ADDRESS 44 BAY RD.  
CITY - ST - ZIP BROOKHAVEN NY

TITLE CD ☐ DELETE

NAME SCOTT, RICHARD C  
STREET ADDRESS 10 YANKEE HILL RD.  
CITY - ST - ZIP WESTPORT CT

TITLE TD ☐ DELETE

NAME BORAK, MICHAEL  
STREET ADDRESS 555 NORTH AVE.  
CITY - ST - ZIP FORT LEE NJ

TITLE D ☐ DELETE

NAME CLARK III, JAMES I  
STREET ADDRESS 2845 COPPERFIELD CT  
CITY - ST - ZIP NAPERVILLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Victoria F. Smith*

11/15/97 10002362-1012

CR2E034 (9/96)