

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001811

FILED
Jun 03, 2005
Secretary of State

Entity Name: TRIBECA LENDING CORP.

Current Principal Place of Business:

6 HARRISON STREET
NEW YORK, NY 10013

New Principal Place of Business:

Current Mailing Address:

6 HARRISON STREET
NEW YORK, NY 10013

New Mailing Address:

FEI Number: 13-3928360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAIAZZO, JOSEPH
Address: 395 E. FIFTH ST.
City-St-Zip: BROOKLYN, NY 11218

Title: VP () Delete
Name: OSBORNE, JASON
Address: 54 COOPER TOMLINSON RD.
City-St-Zip: MEDFORD, NJ 08055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAIAZZO, JOSEPH
Address: 6 HARRISON STREET
City-St-Zip: NEW YORK, NY 10013

Title: D (X) Change () Addition
Name: AXON, THOMAS J
Address: 6 HARRISON STREET
City-St-Zip: NEW YORK, NY 10013

Title: S () Change (X) Addition
Name: DEVINE, JOHN T
Address: 6 HARRISON STREET
City-St-Zip: NEW YORK, NY 10013

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH CAIAZZO

P

06/03/2005

Electronic Signature of Signing Officer or Director

Date