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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014847

1. Corporation Name
SEFFI PROPERTY CORP.

Principal Place of Business	Mailing Address
CREDITANSTALT AMERICAN CORPORATION 245 PARK AVE. 32ND FLOOR NEW YORK NY 10167 US c/o Bank Austria	POST OFFICE BOX 3239 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/22/1995

2. Principal Place of Business 21 Creditanstalt American Corp.	2a. Mailing Address 26 Carlton, Fields, Ward	4. FEI Number: 59-3305320 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLTON, FIELDS, WARD, EMMANUEL, SMITH & C ONE HARBOUR PLACE 5TH FLOOR TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	HERBERT, KATHY L		1.2 NAME	Dieter Boehme	
STREET ADDRESS	245 PARK AVENUE		1.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP	NEW YORK NY 10169		1.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE	PST	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	ROSE, KATHY L.		2.2 NAME	Warren Seidel	
STREET ADDRESS	2 GREENWICH PLAZA		2.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP	GREENWICH CT 06830		2.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	Peter Poelzlbauer	
STREET ADDRESS			3.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	Kathy Lynne Rose	
STREET ADDRESS			4.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	Peter Halter	
STREET ADDRESS			5.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Daisy Mahadeo	
STREET ADDRESS			6.3 STREET ADDRESS	2 Greenwich Plaza	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Greenwich, CT 06830	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Mark M. Required — January 25, 1999 (203) 861-6582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #