

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004545

**Entity Name:** CASTLE ROCK CAPACITY LLC

**Current Principal Place of Business:**

90 BROAD ST SUITE 1503  
NEW YORK, NY 10004

**Current Mailing Address:**

90 BROAD ST SUITE 1503  
NEW YORK, NY 10004 US

**FEI Number: 81-1416290**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title VP  
Name LIPTON, BRETT  
Address 90 BROAD ST SUITE 1503  
City-State-Zip: NEW YORK NY 10004

Title VP  
Name LIPTON, JON  
Address 90 BROAD ST SUITE 1503  
City-State-Zip: NEW YORK NY 10004

Title EVP  
Name O'NEIL, THOMAS  
Address 1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

Title EVP  
Name GERSON, CARL  
Address 1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

Title EVP  
Name WALSH, DENISE  
Address 1 BLUE HILL PLAZA  
City-State-Zip: PEARL RIVER NY 10965

Title TREASURER  
Name CHAN, KARMAN  
Address 3000 EXECUITVE PARKWAY  
SUITE 325  
City-State-Zip: SAN RAMON CA 94583

Title SECRETARY  
Name CRAWFORD, DANIEL  
Address 2000 ALAMEDA DE LAS PUGLAS  
City-State-Zip: SAN MATEO CA 94403

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CARL GERSON**

**EVP**

**01/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date