

2020 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

01/28/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date