

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001383

Entity Name: IDB CAPITAL CORP.**Current Principal Place of Business:**511 FIFTH AVENUE
4TH FLOOR
NEW YORK, NY 10017**Current Mailing Address:**511 FIFTH AVENUE
4TH FLOOR
NEW YORK, NY 10017 US**FEI Number:** 13-4134872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILLEL, MOISE
18851 NE 29TH AVENUE
6TH FLOOR
AVENTURA, FL 33180 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**Officer/Director Detail :**

Title	PRESIDENT AND CEO
Name	REILLY, STEPHEN
Address	511 FIFTH AVENUE 4TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	CCO
Name	LEB, NICOLE
Address	511 FIFTH AVENUE 4TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	TREASURER
Name	KEHRER, THOMAS P
Address	511 FIFTH AVENUE 8TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	SECRETARY
Name	CASE, LESLIE K
Address	511 FIFTH AVENUE 16TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	OFFICER
Name	VARADY, DAMON
Address	511 FIFTH AVENUE 4TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	OFFICER
Name	GRANT, EDMOND
Address	511 FIFTH AVENUE 2ND FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	INTERNAL AUDITOR
Name	LEMONS, MARIO
Address	511 FIFTH AVENUE 17TH FLOOR
City-State-Zip:	NEW YORK NY 10017

Title	DIRECTOR, CHAIRMAN
Name	LEVIN, URI
Address	511 FIFTH AVENUE 12TH FLOOR
City-State-Zip:	NEW YORK NY 10017

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 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 all other like empowered.

SIGNATURE: LESLIE K. CASE**SECRETARY****03/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date