

**2014 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	CEO
Name	ROZZI, MATTHEW J
Address	511 FIFTH AVENUE
City-State-Zip:	NEW YORK NY 10017

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

Title	DIRECTOR
Name	COHEN, DAVID
Address	511 FIFTH AVENUE 2ND FLOOR
City-State-Zip:	NEW YORK NY 10017

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

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

Title	DIRECTOR
Name	ARNON, EHUD
Address	511 FIFTH AVENUE 12TH 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	KROPF, JOHN
Address	511 FIFTH AVENUE 4TH FLOOR
City-State-Zip:	NEW YORK NY 10017

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*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****03/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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