

**2016 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  
Name           ROZZI, MATTHEW J  
Address        511 FIFTH AVENUE  
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           KROPF, JOHN  
Address        511 FIFTH AVENUE  
                  4TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            CCO  
Name           KLINK, ANDREW  
Address        511 FIFTH AVENUE  
                  4TH 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            OFFICER  
Name           GRANT, EDMOND  
Address        511 FIFTH AVENUE  
                  2ND 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 CASE**SECRETARY****03/01/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            INTERNAL AUDITOR  
Name            SILVER, RONNI  
Address        511 FIFTH AVENUE  
                 4TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title            DIRECTOR  
Name            RUB, KLARA  
Address        511 FIFTH AVENUE  
                 5TH FLOOR  
City-State-Zip: NEW YORK NY 10017

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