

2015 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 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 KCLICK, 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 K. CASE**SECRETARY****02/24/2015**_____
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 ARNON, EHUD
Address 511 FIFTH AVENUE
 4TH FLOOR
City-State-Zip: NEW YORK NY 10017

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