

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 005 ***550.00

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1. Entity Name
CBL CAPITAL CORPORATION



Principal Place of Business

450 MAMARONECK AVE
HARRISON, NY 10528 US

Mailing Address

250 E. CARPENTER FREEWAY
ATTN: M. BROCK, H03-17
IRVING, TX 75062

2. Principal Place of Business

3. Mailing Address

Citigroup Reporting & Licensing 62-18

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 31226

City & State

City & State

Tampa FL

Zip

Country

Zip

33610

Country

United States

08172006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-2328477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent;

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARADA, ALAN F
450 MAMARONECK DR.
HARRISON, NY 10528 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, DAVID H
450 MAMARONECK AVE
HARRISON, NY 10528 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHULTZ, CURT A
450 MAMARONECK AVE
HARRISON, NY 10528 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALEMANY, ELLEN
399 PARK AVENUE
NEW YORK, NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STONE, DONNA S
250 E. CARPENTER FREEWAY
IRVING, TX 75062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Jose-Luis Brown
450 Mamaroneck Ave
Harrison, NY 10528 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Robyn Gomez
3800 Citigroup Center
Orlando FL 32816 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robyn J. Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-06

Date

Daytime Phone #