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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90227 008 ***150.00

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04102007 Chg-P CR2E034 (12/06)

DOCUMENT # 851889

1. Entity Name
CBL CAPITAL CORPORATION

Principal Place of Business
450 MAMARONECK AVE
HARRISON, NY 10528 US

Mailing Address
CITIGROUP REPORTING&LEASING G2-18
PO BOX 31226
TAMPA, FL 33610

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

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

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

7. Name and Address of New Registered Agent

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 $150.00
After May 1, 2007 Fee will be $550.00

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	D / ASST. Secretary ☐ Delete	TITLE	Director / Treasurer ☐ Change ☑ Addition
NAME	VARADA, ALAN F	NAME	Kristee Holm
STREET ADDRESS	450 MAMARNECK DR	STREET ADDRESS	450 mamaroneck AVE
CITY-ST-ZIP	HARRISON, NY 10528	CITY-ST-ZIP	Harrison, NY 10528
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID H	NAME	
STREET ADDRESS	450 MAMARONECK AVE	STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NY 10528	CITY-ST-ZIP	
TITLE	S / VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, CURT A	NAME	
STREET ADDRESS	450 MAMARONECK AVE	STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NY 10528	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE	President / Director ☐ Change ☑ Addition
NAME	ALEMANY, ELLEN	NAME	Luis Matute
STREET ADDRESS	399 PARK AVENUE	STREET ADDRESS	660 5th AVE NY, NY 10103
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, JOSE-LUIS	NAME	
STREET ADDRESS	450 MAMARONECK AVE	STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NY 10528	CITY-ST-ZIP	
TITLE	AS ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	GOMEZ, ROBYN	NAME	
STREET ADDRESS	3800 CITIGROUP CENTER	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	

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: Alan F. Varada 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #