

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851889

FILED
Apr 24, 2008
Secretary of State

Entity Name: CBL CAPITAL CORPORATION

Current Principal Place of Business:

450 MAMARONECK AVE
HARRISON, NY 10528 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

PO BOX 30509
TAMPA, FL 33631

FEI Number: 94-2328477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: VARADA, ALAN F
Address: 450 MAMARNECK DR
City-St-Zip: HARRISON, NY 10528

Title: DT (X) Delete
Name: HOLM, KRISTEE
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: SVP (X) Delete
Name: SCHULTZ, CURT A
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: PD (X) Delete
Name: MATUTE, LUIS
Address: 666 5TH AVE
City-St-Zip: NEW YORK, NY 10103

Title: VP () Delete
Name: BROWN, JOSE-LUIS
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MOHIDEEN-PLUMMER, WAHIDA
Address: 388 GREENWICH
City-St-Zip: NEW YORK, NY 10013

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTVP (X) Change () Addition
Name: HALL, BRUCE
Address: 450 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AVP

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date