

2001 UNIFORM BUSINESS REPORT (UBR)

4/15

FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90313 009 ***150.00

DOCUMENT # F00000000811

1. Entity Name

COMMERCIAL CAPITAL CORPORATION

Principal Place of Business

**25 WEST 43RD STREET, STE 900
 NEW YORK NY 10036**

Mailing Address

**25 WEST 43RD STREET, STE 900
 NEW YORK NY 10036**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3773744

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	FREEMAN, CHARLES	
STREET ADDRESS	25 WEST 43RD ST., STE 900	
CITY-STATE-ZIP	NEW YORK-NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, CRAIG	
STREET ADDRESS	25 WEST 43RD ST., STE 900	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRAGA, DAVID	
STREET ADDRESS	25 WEST 43RD ST., STE 900	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VITALE, PAUL	
STREET ADDRESS	25 WEST 43RD ST., STE 900	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, S. WILLIAM	
STREET ADDRESS	14 EAST 60TH ST., STE 900	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	CEO/CHAIRMAN/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP	10036	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, BAYTON	
STREET ADDRESS	C/O CANNING & COMPANY, City Pine II	
CITY-STATE-ZIP	185 ASYLUM ST. HARTFORD CT 06103-4105	
TITLE	Chief Credit Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Benoit	
STREET ADDRESS	25 West 43rd Street Ste 900	
CITY-STATE-ZIP	NEW YORK NY 10036	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA NACCARATO	
STREET ADDRESS	25 West 43rd St. Ste 900	
CITY-STATE-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Naccarato* MARIA NACCARATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/01

Date

212-719-1002

Daytime Phone #

CR2E034 (10/00)