

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 NOV -6 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023798918
10/15/03--01004--005 **\$50.00

REINSTATEMENT 03

DOCUMENT # F01000005572	
1. Entity Name NACCF, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 555 Madison Ave		3. Mailing Address	
Suite, Apt. #, etc. 29th Floor		Suite, Apt. #, etc.	
City & State New York NY		City & State	
Zip 10022	Country USA	Zip	Country

4. FEI Number 34-1649799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City Plantation	FL Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McNamara, James - CEO 555 Madison Avenue 29th Floor New York NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert V. Cuddy Jr. - CEO 555 Madison Avenue 29th Floor New York NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry Tom - Director 555 Madison Avenue 29th Floor New York NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	8-12-03	212-644-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Day/Even Phone #

CR2E034B (12/02)