## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Aug 25, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # F01000005877** 08-25-2005 90001 021 \*\*\*150.00 1. Entity Name CATFISH (DE) QRS 14-79, INC. Principal Place of Business Mailing Address C/O W.P. CAREY & CO. LLC C/O W.P. CAREY & CO. LLC 50063280 **50 ROCKEFELLER PLAZA 50 ROCKEFELLER PLAZA** NEW YORK, NY 10020 NEW YORK, NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 07062005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 52-2353134 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CD ☐ Delete TITLE ☐ Change ☐ Addition CAREY, WILLIAM P NAME NAME 50 ROCKEFELLER PLAZA, 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEW YORK, NY 10020 Delete ☐ Change ☐ Addition TITLE TITLE WHITING, GORDON J NAME NAME STREET ADDRESS STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR City-St-7iP NEW YORK, NY 10020 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE SECOND VICE PRESIDENT NAME DUGAN, GORDON F NAME CARYN E. JANES STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR CITY-ST-ZIP CITY-ST-7IP NEW YORK, NY 10020 NEW YORK, NEW YORK 10020-1605 Delete **≯**Change ☐ Addition TITLE TITLE TREASURER FERNANDEZ, CLAUDE F NAME ROBERT C. KEHOE STREET ADDRESS STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020 CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NEW YORK 10020-1605 ☐ Change ☐ Addition 🗷 Delete TITLE : TITLE VTD NAME PARK, JOHN J NAME STREET ADDRESS STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 10020 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE GUERRERO, YASMIN NAME NAME 50 ROCKEFELLER PLAZA, 2ND FLOOR STREET ADDRESS STREET ADDRESS NEW YORK, NY 10020 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

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