

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000000894**

1. Entity Name  
CA NEW PLAN MANAGEMENT, INC.



Principal Place of Business  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
NEW YORK, NY 10036

Mailing Address  
ATT: MARIE GEORGES  
NEW YORK, NY 10036



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0591701

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 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000133867  
04/27/04-80106-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
P  
MACDONALD, SCOTT  
STREET ADDRESS  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10036

TITLE  
NAME  
SVP  
BERNSTEIN, DEAN  
STREET ADDRESS  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10036

TITLE  
NAME  
DSGC  
SIEGEL, STEVEN F  
STREET ADDRESS  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10036

TITLE  
NAME  
T  
BROWN, MICHAEL  
STREET ADDRESS  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10036

TITLE  
NAME  
D  
RUFRANO, GLENN J  
STREET ADDRESS  
1120 AVENUE OF THE AMERICAS, 12TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

Steven F. Siegel

4/19/2004

(212) 869-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #