

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90415 001 ***900.00

DOCUMENT # F02000000896

1. Entity Name
CA NEW PLAN ASSET, INC.



Principal Place of Business
**420 LEXINGTON AVE. 7TH FLOOR
NEW YORK, NY 10170**

Mailing Address
**420 LEXINGTON AVE. 7TH FLOOR
NEW YORK, NY 10170**

66012419



2. Principal Place of Business

3. Mailing Address

04142006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0465323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **EVP** ☐ Delete
NAME **BERNSTEIN, DEAN**
STREET ADDRESS **420 LEXINGTON AVE. 7TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10170**

TITLE **DEVP** ☐ Delete
NAME **SIEGEL, STEVEN F**
STREET ADDRESS **420 LEXINGTON AVE. 7TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10170**

TITLE **TSVP** ☐ Delete
NAME **BROWN, MICHAEL**
STREET ADDRESS **420 LEXINGTON AVE. 7TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10170**

TITLE **DCEO** ☐ Delete
NAME **RUFRANO, GLENN J**
STREET ADDRESS **420 LEXINGTON AVE. 7TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/14/2006 212-869-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(This form should be used when an invoice is not provided and is not applicable.)

ATTACHMENT

1100/24/9

#F02000000896

Check payable to:

Florida Department of State - Division of Corporations

Payee's Address:

2670 Executive Center Circle, Suite 100

Tallahassee, FL 32301

Total Amount Requested(\$): 900.00

Check Status:

Hold

Check for:

Return

Check to: Marie Georges

Explanation:

2006 Annual Report for NPXL, ERT Development Corporation, CA New Plan Management, Inc., CA New Plan Texas Assets, Inc., ERT Pointe Orlando, Inc., CA New Plan Asset, Inc.

Section 2

For Accounts Payable Use Only:

PLEASE OVERRIDE DUE DATE

DRESS BOOK/SUPPLIER #:

INVOICE DATE:

VOICE NUMBER #:

G/L DATE:

TCH #:

DUE DATE:

Section 3

To be filled in by Requester:

Complete the following: use separate lines if the payment needs to be allocated to more than one Business Unit or amount, etc.

[illegible]

TOTAL \$900.00

Total must equal amount requested above

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st by:

Marie Georges

red by:

Steven F. Siegel

(Print name)

(Sign name)

4/14/2006

{Date}