
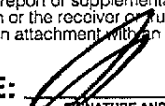


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000005513 1. Entity Name CA NEW PLAN FIXED RATE SPE, INC.					
Principal Place of Business 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10036			Mailing Address 1120 AVENUE OF THE AMERICAS 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		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUFANO, GLENN		NAME	U000000133912	
STREET ADDRESS	1120 AVENUE OF THE AMERICAS		STREET ADDRESS	04/27/04-80106-014 150.00	
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, STEVEN F		NAME		
STREET ADDRESS	1120 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, STEVEN F		NAME		
STREET ADDRESS	1120 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, WILLIAM		NAME		
STREET ADDRESS	1120 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDONALD, SCOTT D		NAME		
STREET ADDRESS	1120 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AXELRAD, MICHAEL D		NAME		
STREET ADDRESS	3901 BELLAIRE BLVD		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77025		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.					
SIGNATURE: 		Steven F. Siegel		4/19/2004 (212) 869-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	