

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 040 ***150.00

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DOCUMENT # F03000005513 1. Entity Name CA NEW PLAN FIXED RATE SPE, 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME RUFANO, GLENN STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE DCEQ NAME Glenn J. Rufrano STREET ADDRESS 420 Lexington Avenue, 7th Floor CITY-ST-ZIP New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DEV NAME SIEGEL, STEVEN F STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE DEVPSGC NAME Steven F. Siegel STREET ADDRESS 420 Lexington Avenue, 7th Floor CITY-ST-ZIP New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SIEGEL, STEVEN F STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NEWMAN, WILLIAM STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE DC NAME William Newman STREET ADDRESS 420 Lexington Avenue, 7th Floor CITY-ST-ZIP New York, NY 10170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PCOO NAME MACDONALD, SCOTT D STREET ADDRESS 1120 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP NAME AXELRAD, MICHAEL D STREET ADDRESS 3901 BELLAIRE BLVD CITY-ST-ZIP HOUSTON, TX 77025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 4/7/2005 (212) 869-3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		