

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90193 025 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number **25-3004595** Applied For  
**NOT APPLICABLE** 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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEO  
RUFANO, GLENN  
420 LEXINGTON AVENUE, 7TH FLOOR  
NEW YORK, NY 10170**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
NEWMAN, WILLIAM  
420 LEXINGTON AVE, 7TH FLOOR  
NEW YORK, NY 10170**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
AXELRAD, MICHAEL D  
3901 BELLAIRE BLVD  
HOUSTON, TX 77025**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/2007 212-869-3000**

Date

Daytime Phone #