

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT #F04000000733	
1. Entity Name FAIRMONT FUNDING LTD., INC.	
Principal Place of Business 39 WEST 37TH STREET NEW YORK, NY 10018	Mailing Address 39 WEST 37TH STREET NEW YORK, NY 10018



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2687671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO KATZ, CHARLES 39 WEST 37TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DEITEL, ARTHUR 39 WEST 37TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, MICHELLE 39 WEST 37TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIMMER, STEVEN 39 WEST 37TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/06-80005-018-150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
ARTHUR DEITEL, PRES.

7/12/06

Date

212-937-6100

Daytime Phone #