

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005054

FILED
Apr 09, 2009
Secretary of State

Entity Name: MACQUARIE CORPORATE & ASSET FINANCE CONSULTING INC.

Current Principal Place of Business:

125 W. 55TH STREET
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

125 W. 55TH STREET
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 26-3771444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARRELL, GARRY
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: S () Delete
Name: RIVERS, CHRISTINE
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: HALM, KATHLEEN
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: NAUDE, GERHARD
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: RAMPS, KYLIE
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RIVERA, CHRISTINE
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: T (X) Change () Addition
Name: HAHN, KATHLEEN
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D (X) Change () Addition
Name: EDWARDS, DAVID
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: D (X) Change () Addition
Name: COONS, DAVID
Address: 125 W. 55TH STREET
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE RIVERA

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date