

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90197 024 ***150.00

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1. Entity Name
SALOMON SWAPCO INC.



Principal Place of Business

**388 GREENWICH STREET
TAX DEPT.-22ND FLOOR
NEW YORK, NY 10013**

Mailing Address

**388 GREENWICH STREET
TAX DEPT.-22ND FLOOR
NEW YORK, NY 10013 US**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3692244

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 2005 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
**P
LANGER, JOHN
333 W 34TH STREET
NEW YORK, NY 10001**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
FLOOD, SCOTT L
333 W 34TH STREET
NEW YORK, NY 10001**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
JACOBY, NORMAN
333 W 34TH STREET
NEW YORK, NY 10001**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AT
ANZEL, KEITH
388 GREENWICH STREET
NEW YORK, NY 10013**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Anzel **Keith Anzel** 4/27/05

Date

Daytime Phone #