


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # F93000000301 1. Entity Name BATTERY PARK CAPITAL CORP.	
---	---

Principal Place of Business 383 MADISON AVE. NEW YORK, NY 10179	Mailing Address 115 SOUTH JEFFERSON RD BLDG C-2 ATTN: NANCY LOPEZ WHIPPANY, NJ 07981 US
---	---



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2951532	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

**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, 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	PD MOLINARO, SAMUEL L JR 383 MADISON AVE. NEW YORK, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABATEMARCO, MICHAEL J ONE METROTECH CENTER, NORTH BROOKLYN, NY 11201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPMAN, JEFFREY M 383 MADISON AVE NEW YORK, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD EDLOW, KENNETH L. 383 MADISON AVE. NEW YORK, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARBER, JEFFREY M 383 MADISON AVE NEW YORK, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000717630
04/30/07-80055-020 150.00

**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:  **Jeffrey M. Lipman, Secretary** 04/10/2007 212-272-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #