

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003453 (8)**

1. Corporation Name
CAPITA CORPORATION

Principal Place of Business
**15 COLUMBUS CIRCLE
NEW YORK NY 10023**

Mailing Address
**15 COLUMBUS CIRCLE
NEW YORK NY 10023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/28/1993** 3a. Date of Last Report **02/18/1994**

4. FEI Number **13-3728194** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **375 HUDSON STREET**

Suite, Apt. #, etc.

22 **11TH FLOOR**

City & State

23 **NEWYORK, NEWYORK**

Zip

Country

24 **10014**

2a. Mailing Address

26 **375 HUDSON STREET**

Suite, Apt. #, etc.

27 **11TH FLOOR**

City & State

28 **NEWYORK, NEWYORK**

Zip

Country

29 **10014**

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MARVIN, DALE K**
STREET ADDRESS **15 COLUMBUS CIRCLE**
CITY- ST- ZIP **NEW YORK NY 10023**

TITLE **VSD**
NAME **ASH, EILEEN**
STREET ADDRESS **15 COLUMBUS CIRCLE**
CITY- ST- ZIP **NEW YORK NY 10023**

TITLE **VSD**
NAME **KUSHAY, RICHARD**
STREET ADDRESS **15 COLUMBUS CIRCLE**
CITY- ST- ZIP **NEW YORK NY 10023**

TITLE **AVAS**
NAME **VAN NAME, JUDY**
STREET ADDRESS **15 COLUMBUS CIRCLE**
CITY- ST- ZIP **NEW YORK NY 10023**

TITLE **AVAT**
NAME **CAMPANA, ANTA**
STREET ADDRESS **15 COLUMBUS CIRCLE**
CITY- ST- ZIP **NEW YORK NY 10023**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **PD** Change Addition
NAME **RICHARD KUSHAY**
1 2 NAME
1 3 STREET ADDRESS **375 HUDSON STREET**
1 4 CITY- ST- ZIP **NEWYORK, NEWYORK 10014**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

4 1 TITLE Change Addition
4 2 NAME *****PLEASE SEE ATTACHED RIDER*****
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EILEEN ASH *Eileen Ash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
DATE

212-463-4674
TELEPHONE NUMBER

F93-63453

OFFICERS

PRESIDENT

RICHARD KUSHAY

**VICE PRESIDENT
& SECRETARY**

EILEEN ASH

**VICE PRESIDENT
& TREASURER**

ANITA CAMPANA

**ASST. VICE PRES.
& ASST. SECRETARY**

JUDY VAN NAME

ALL TO:

**375 HUDSON STREET
NEW YORK, NEW YORK
10014**

**ASST. VICE PRES.
& ASST. TREASURER**

MARIA DOSCHER

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95