SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996 7-31-96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
B-7497 C

DOCUMENT # F93000004457 (8)

1. Corporation Name
TARRAGON CAPITAL CORPORATION

Principal Place of Business	Mailing Address
280 PARK AVE., EAST BLDG., 20TH FLOOR NEW YORK NY 10017	280 PARK AVE., EAST BLDG., 20TH FLOOR NEW YORK NY 10017

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 09/11/1995
4. FEI Number: 75-2340089 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: CT Corporation System [signature] TIMOTHY B. CARLSON ASSISTANT SECRETARY — 7/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	FRIEDMAN, LUCY N	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	PT	☒ DELETE
NAME	DOYLE, JOHN A	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	☐ DELETE
NAME	FRIEDMAN, TANYA E	
STREET ADDRESS	883 GUERRERO STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 02139	
TITLE	D	☐ DELETE
NAME	FRIEDMAN, EZRA H	
STREET ADDRESS	10 MAGAZINE STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02139-KKKK	
TITLE	ASAT	☐ DELETE
NAME	GOLDBERG, EILEEN	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PT	☒ Change ☐ Addition
2.2 NAME	William S. Friedman	
2.3 STREET ADDRESS	280 Park Avenue, East Bldg. 20th Floor	
2.4 CITY-ST-ZIP	New York NY 10017	
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		
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		

CR2E034 (3/96)

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)(k), Florida Statutes. I further certify that the information indicated on this 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: [signature] William S. Friedman [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/22/96 — Daytime Phone #: 949-5000