

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90089 012 ***150.00

DOCUMENT # F93000005857

1. Corporation Name

MACRO TURNBERRY CORPORATION

Principal Place of Business

% SAIF ADVISORS, INC.
9 WEST 57TH ST., 38TH FLOOR
NEW YORK NY 10154
US

Mailing Address

345 PARK AVENUE
41ST FLOOR
NEW YORK NY 10154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1993

4. FEI Number

13-3551854

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Saif Advisors, Inc.

Suite, Apt. #, etc.

22 345 Park Avenue,

City & State 41st Floor

23 New York, NY

Zip

10154

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME AL-RAJAAN, FAHAD
STREET ADDRESS 345 PARK AVENUE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☐ DELETE

NAME AL-AJEEL, MAJED
STREET ADDRESS 345 PARK AVE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME AL-HUMAIHI, HAMAD
STREET ADDRESS 345 PARK AVE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME MACKIN, PAUL A
STREET ADDRESS 345 PARK AVE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE P ☐ DELETE

NAME KHOUJA, MOHAMMAD W
STREET ADDRESS 345 PARK AVENUE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE

NAME SHEA, JOHN T
STREET ADDRESS 345 PARK AVENUE 41ST FLOOR
CITY-ST-ZIP NEW YORK NY

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

New York, NY 10154

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

New York, NY 10154

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

New York, NY 10154

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

New York, NY 10154

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

New York, NY 10154

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

New York, NY 10154

14. 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 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, with all other like empowered.

SIGNATURE:

Paul A. Mackin PRES.

Date

1/13/99

Daytime Phone #

(212) 759-3700

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