

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90209 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000004788**

1. Corporation Name

**JOSEPHTHAL ASSET AND FACILITIES CORP.**

Principal Place of Business

Mailing Address

C/O JOSEPHTHAL & CO. INC.  
200 PARK AVE. 25TH FLOOR  
NEW YORK NY 10166  
US

C/O ROBERT E. SHEA- ASST. CONTROLLER  
45 BROADWAY  
NEW YORK NY 10006  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/15/1994**

4. FEI Number

**13-3781305**

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST., #105**  
**TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE  
NAME PURJES, DAN  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RODEN, CHARLES  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CFOC ☒ DELETE  
NAME LARKIN, SHERWOOD  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **CFO**  
3.3 STREET ADDRESS **AGOSTA, SALVATORE**  
3.4 CITY-ST-ZIP **45 BROADWAY - 20TH FLOOR**  
**NEW YORK, NY 10006**

TITLE VD ☐ DELETE  
NAME RICE, LAWRENCE R.  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME FITZGERALD, PAUL  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME WEISMAN, SCOTT  
STREET ADDRESS 200 PARK AVE., 25TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10166

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**SALVATORE AGOSTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/99**  
Date

**(212) 859-9508**  
Daytime Phone #

CR2E034 (1/98)