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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # F95000001826 (5)

1. Corporation Name
NEW TAMPA CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1415 FOULK RD SUITE 205 FOULKSTONE PLAZA WILMINGTON DE 19803 US	1415 FOULK RD SUITE 205 FOULKSTONE PLAZA WILMINGTON DE 19803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1995
4. FEI Number: 51-0365836 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	**2a.** Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	ROTHMAM, ROBERT		1.2 NAME		
STREET ADDRESS	16057 TAMPA BLVD W BOX 198		1.3 STREET ADDRESS	100 N. Tampa Street, Suite 3675	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	2.1 TITLE	EVP/D	☒ Change ☐ Addition
NAME	BUCHANAN, KIM P		2.2 NAME		
STREET ADDRESS	6211 EMMONS LN		2.3 STREET ADDRESS	100 N. Tampa Street, Suite 3675	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VOSS, DEANNA		3.2 NAME		
STREET ADDRESS	1415 FOULK RD SUITE 205		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		3.4 CITY-ST-ZIP		
TITLE	PCD	☒ DELETE	4.1 TITLE	P/CEO/D	☐ Change ☒ Addition
NAME	YOUSSEF, SHAKER A		4.2 NAME	Peter R. Porrino	
STREET ADDRESS	1415 FOULK RD STE 205		4.3 STREET ADDRESS	One Landmark Square	
CITY-ST-ZIP	WILMINGTON DE		4.4 CITY-ST-ZIP	Stamford, CT 06901	
TITLE		☐ DELETE	5.1 TITLE	EVP/D	☐ Change ☒ Addition
NAME			5.2 NAME	Mark R. Sarlitto	
STREET ADDRESS			5.3 STREET ADDRESS	One Landmark Square	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Stamford, CT 06901	
TITLE		☐ DELETE	6.1 TITLE	SVP	☐ Change ☒ Addition
NAME			6.2 NAME	Charles L. Beale	
STREET ADDRESS			6.3 STREET ADDRESS	One Landmark Square	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Stamford, CT 06901	

CR2E034 (10/97)

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.

Deanna Voss