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
1415 FOULK RD SUITE 205
FOULKSTONE PLAZA
WILMINGTON DE 19803
US

Mailing Address
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

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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 print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	☐ DELETE
NAME	ROTHMAM, ROBERT	
STREET ADDRESS	16057 TAMPA BLVD W BOX 198	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPTD	☐ DELETE
NAME	BUCHANAN, KIM P	
STREET ADDRESS	6211 EMMONS LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	☐ DELETE
NAME	VOSS, DEANNA	
STREET ADDRESS	1415 FOULK RD SUITE 205	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	PCD	☒ DELETE
NAME	YOUSSEF, SHAKER A	
STREET ADDRESS	1415 FOULK RD STE 205	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	100 N. Tampa Street, Suite 3675	
1.4 CITY-ST-ZIP		
2.1 TITLE	EVP/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	100 N. Tampa Street, Suite 3675	
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	P/CEO/D	☐ Change ☒ Addition
4.2 NAME	Peter R. Porrino	
4.3 STREET ADDRESS	One Landmark Square	
4.4 CITY-ST-ZIP	Stamford, CT 06901	
5.1 TITLE	EVP/D	☐ Change ☒ Addition
5.2 NAME	Mark R. Sarlitto	
5.3 STREET ADDRESS	One Landmark Square	
5.4 CITY-ST-ZIP	Stamford, CT 06901	
6.1 TITLE	SVP	☐ Change ☒ Addition
6.2 NAME	Charles L. Beale	
6.3 STREET ADDRESS	One Landmark Square	
6.4 CITY-ST-ZIP	Stamford, CT 06901	

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.

CR2E034 (10/97)