

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90479 001 *1,350.00

DOCUMENT # F95000004808

1. Entity Name
SALOMON REINVESTMENT COMPANY INC.



Principal Place of Business
**388 GREENWICH STREET
NEW YORK, NY 10013 US**

Mailing Address
**388 GREENWICH STREET
TAX DEPT 22ND FL
NEW YORK, NY 10013 US**

66413077



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3845724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, WILLIAM
STREET ADDRESS	388 GREENWICH STREET
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	D
NAME	HOROWITZ, GEDALE B
STREET ADDRESS	388 GREENWICH ST
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	D
NAME	KLEINMAN, MARK
STREET ADDRESS	388 GREENWICH STREET
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	EVP
NAME	SABIRO, MARC
STREET ADDRESS	390 GREENWICH STREET
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	T
NAME	ANZEL, KEITH
STREET ADDRESS	388 GREENWICH ST 22ND FL
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	S
NAME	ALTER, ANDREW W
STREET ADDRESS	250 WEST ST
CITY-ST-ZIP	NEW YORK, NY 10013

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Keith Anzel
Keith Anzel 4/29/04