

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 017 \*\*\*550.00

<b>DOCUMENT # F95000004808</b> 1. Entity Name <b>SALOMON REINVESTMENT COMPANY INC.</b>			
Principal Place of Business <b>388 GREENWICH STREET NEW YORK, NY 10013 US</b>		Mailing Address <b>388 GREENWICH STREET TAX DEPT 22ND FL NEW YORK, NY 10013 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>3800 CitiGroup Center Dr. FL 33610</i>	
City & State <i>Tampa, FL</i>		4. FEI Number <b>13-3845724</b>	
Zip <i>33610</i>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KELLY, WILLIAM 388 GREENWICH STREET NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Asst. Secretary</i> <i>Robyn Gortel</i> <i>3800 CitiGroup Center Dr.</i> <i>Tampa, FL 33610</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOROWITZ, GEDALE B 388 GREENWICH ST NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP SABIRO, MARC 390 GREENWICH STREET NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANZEL, KEITH 388 GREENWICH ST 22ND FL NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALTER, ANDREW W 250 WEST ST NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

50020034

