

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90073 017 ***150.00

DOCUMENT # F95000005968

1. Entity Name
GARNET PROPERTIES CORP.



Principal Place of Business
**60 WALL STREET, NYC 60-4006
NEW YORK, NY 10005 US**

Mailing Address
**60 WALL STREET, NYC 60-4006
NEW YORK, NY 10005 US**

40003010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number
13-3705506

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME LAPHAM, STEVEN
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VP ☒ Delete
NAME LEE, JOHN Y
STREET ADDRESS 280 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE S ☐ Delete
NAME OLSEN, SONJA K
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK, NY 10005

TITLE PCD ☐ Delete
NAME JOHNSON, ALEXANDER
STREET ADDRESS 60 WALL ST.
CITY-ST-ZIP NEW YORK, NY 10005

TITLE T ☐ Delete
NAME CASEY, BRENDA
STREET ADDRESS 60 WALL ST
CITY-ST-ZIP NEW YORK, NY 10005

TITLE VP ☐ Delete
NAME SINENSKY, AMY
STREET ADDRESS 60 WALL ST
CITY-ST-ZIP NEW YORK, NY 10005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 119, 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

Sonja K. Olsen
Secretary

1-17-07

212-250-0019

Date

Daytime Phone #