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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001268 (9)

1. Corporation Name  
NCC TARZANA COMPANY

Principal Place of Business  
200 PARK AVE. 33RD FLOOR  
NEW YORK NY 10166

Mailing Address  
200 PARK AVE. 33RD FLOOR  
NEW YORK NY 10166-3399



3. Date Incorporated or Qualified 03/12/1996  
3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 1095 Ave. of Americas

22 City & State 27 Room 3142

23 Zip Country 28 New York, NY

24 25 29 10036 30 USA

4. FEI Number 13-3849440  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD  
NAME LUCEY, RICHARD E  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME RUTHERFORD, PETER D  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD  
NAME FLYNN, MICHAEL D  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME REYNOLDS, C. WESLEY  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTC  
NAME KRAKOWSKI, RICHARD F  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME LEVINE, MARVA M  
STREET ADDRESS 200 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10166 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Richard Krakowski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97  
Date

212-499-370 0  
Daytime Phone #

CR2E034 (9/96)