

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90007 005 ***150.00

DOCUMENT # F96000001268

1. Corporation Name
NCC TARZANA COMPANY

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

Mailing Address
200 PARK AVENUE
33RD FLOOR
NEW YORK NY 10166
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 245 Park Avenue

Suite, Apt. #, etc.

22 40th Floor

City & State

23 NEW YORK, NY

Zip

24 10167

Country

25 USA

2a. Mailing Address

26 245 Park Avenue

Suite, Apt. #, etc.

27 40th Floor

City & State

28 New York, NY

Zip

29 10167

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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 President & Director ☒ Change ☒ Addition
1.2 NAME Heitmann, William
1.3 STREET ADDRESS 245 Park Avenue - 40th Floor
1.4 CITY-ST-ZIP New York, NY 10167

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 245 Park Avenue - 40th Floor
2.4 CITY-ST-ZIP New York, NY 10167

3.1 TITLE VT ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 245 Park Avenue - 40th Floor
3.4 CITY-ST-ZIP New York, NY 10167

4.1 TITLE VAS ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 245 Park Avenue - 40th Floor
4.4 CITY-ST-ZIP New York, NY 10167

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

212-557-4676
Daytime Phone #

CR2E034 (11/98)