

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90081 045 ***150.00

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1. Entity Name
NCC TARZANA COMPANY



Principal Place of Business
**245 PARK AVE., 40TH FLOOR
NEW YORK, NY 10167**

Mailing Address
**245 PARK AVE., 40TH FLOOR
NEW YORK, NY 10167 US**

50021406



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3849440

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPO
RUTHERFORD, PETER D
245 PARK AVENUE 40TH FLOOR
NEW YORK, NY 10167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
KRAKOWSKI, RICHARD F
245 PARK AVENUE 40TH FLOOR
NEW YORK, NY 10167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCA
LEVINE, MARVA M
245 PARK AVENUE 40TH FLOOR
NEW YORK, NY 10167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
FEPP, PAUL H
245 PARK AVENUE 40TH FLOOR
NEW YORK, NY 10167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPI
JORDAN, JAMES J
245 PARK AVENUE 40TH FLOOR
NEW YORK, NY 10167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GARRITY, JANET
3900 WASHINGTON ST 2FL
WILMINGTON, DE 19802**

**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: *Richard Krakowski* **R. KRAKOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

Daytime Phone #