

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 018 ***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**

40055959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE Director-Tax ☐ Change ☒ Addition
NAME Patricia A. Chow
STREET ADDRESS 245 Park Ave., 40th Floor
CITY-ST-ZIP New York, NY 10167

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

TITLE ☒ Change ☐ Addition
NAME Repp, Paul H.
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 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:

Patricia A. Chow *Patricia A. Chow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/06 212/557-4626

Daytime Phone #