

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000178 (0)

1. Corporation Name

CTC (MD) QRS 12-19, INC.



Principal Place of Business

Mailing Address

%WP CAREY & CO., INC.
50 ROCKEFELLER PLAZA, 2ND FLR
NY NY 10020

%WP CAREY & CO., INC.
50 ROCKEFELLER PLAZA, 2ND FLR
NY NY 10020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

APPLIED FOR

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DCV
NAME JONES, BARCLAY G III
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

TITLE P
NAME CAREY, FRANCIS
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

TITLE VCFO
NAME FERNANDEZ, CLAUDE
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

TITLE VS
NAME ALTMANN, HOWARD J
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

TITLE V
NAME CAREY, H AUGUSTUS
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

TITLE VD
NAME MOHL, ANTHONY S
STREET ADDRESS %WP CAREY & CO., INC., 50 ROCKEFELLER PLAZ
CITY-ST-ZIP NY NY 10020

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

100002412791
-01/27/98--01024--015
***150.00

Change ☐ Addition ☐

PE 26

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.

CR2E034 (10/97)