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FILED
Apr 27 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 # **F97000000321 (6)**

1. Corporation Name
CLFC HPII INC.

Principal Place of Business	Mailing Address
% RANIERI & CO., INC. 50 CHARLES LINDBERGH BLVD., STE. 500 UNIONDALE NY 11553	% RANIERI & CO., INC. 50 CHARLES LINDBERGH BLVD., STE. 500 UNIONDALE NY 11553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/21/1997	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 11-3284576	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D/C/P	☒ Change ☐ Addition
NAME	RANIERI, LEWIS S		1.2 NAME	Ranieri, Lewis S.	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500		1.3 STREET ADDRESS	50 Charles Lindbergh Blvd., Suite 500	
CITY-ST-ZIP	UNIONDALE NY 11553		1.4 CITY-ST-ZIP	Uniondale, NY 11553	
TITLE	DVS	☐ DELETE	2.1 TITLE	D/EVP/AS	☒ Change ☐ Addition
NAME	SHAY, SCOTT A		2.2 NAME	Shay, Scott A.	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500		2.3 STREET ADDRESS	50 Charles Lindbergh Blvd., Suite 500	
CITY-ST-ZIP	UNIONDALE NY 11553		2.4 CITY-ST-ZIP	Uniondale, NY 11553	
TITLE	VAS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLUSH, DAVID M		3.2 NAME		
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	UNIONDALE NY 11553		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRO, ROBERT A		4.2 NAME		
STREET ADDRESS	50 CHARLES LINDBERGH BLVD., STE. 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	UNIONDALE NY 11553		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ Robert A. Perro,