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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 SEP 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006326

1. Corporation Name

Fitch IBCA, Inc.

Principal Place of Business / Mailing Address

One State Street Plaza
New York, NY 10004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/2/97

2. Principal Place of Business
21 One State Street Plaza
Suite, Apt. #, etc.
22
City & State
23 New York, NY
Zip 24 10004 Country 25 U.S.A.

2a. Mailing Address
26 One State Street Plaza
Suite, Apt. #, etc.
27
City & State
28 New York, NY
Zip 29 10004 Country 30 U.S.A.

4. FEI Number: 13-3974563 ☐ 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

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

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 of appointed registered agent accepting appointment) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCS ☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Baron, Neil D.	12 NAME	
STREET ADDRESS	One State Street Plaza	13 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10004	14 CITY-ST-ZIP	
TITLE P	Stephen W. Joynt ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	One State Street Plaza	22 NAME	200002653592---0
STREET ADDRESS	New York, NY 10004	23 STREET ADDRESS	-10/01/98--01063--018
CITY-ST-ZIP		24 CITY-ST-ZIP	******8.75 ******8.75
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	200002653592---0
STREET ADDRESS		33 STREET ADDRESS	-10/01/98--01063--013
CITY-ST-ZIP		34 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Stephen W. Joynt/President 9/28/98 (212) 908-0530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #