

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90047 015 ***150.00

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1. Entity Name
BTCM PROPERTIES CORPORATION



Principal Place of Business
**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005**

Mailing Address
**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005**

40007483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2031961

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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 PCD ☒ Delete
NAME EGAN, JAMES D
STREET ADDRESS 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE V ☒ Delete
NAME SPOSITO, GREGORY D
STREET ADDRESS 1251 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10020

TITLE S ☐ Delete
NAME WEST, SANDRA L
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK, NY 10005

TITLE T ☐ Delete
NAME LAPHAM, STEVE
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK, NY 10005

TITLE D ☐ Delete
NAME JOHNSON, ALEXANDER B
STREET ADDRESS 60 WALL STREET
CITY-ST-ZIP NEW YORK, NY 10005

TITLE D ☒ Delete
NAME MORRISON, BRUCE P
STREET ADDRESS 31 WEST 52ND STREET
CITY-ST-ZIP NEW YORK, NY 10005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Change ☐ Addition
NAME Casey, Branda
STREET ADDRESS 60 Wall Street
CITY-ST-ZIP New York, NY 10005

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

TITLE ☒ Change ☐ Addition
NAME Olsen, Sonja K
STREET ADDRESS 60 Wall St.
CITY-ST-ZIP New York, NY 10005

TITLE VPD ☒ Change ☐ Addition
NAME Lapham, Steve
STREET ADDRESS 60 Wall Street
CITY-ST-ZIP New York, NY 10005

TITLE PCD ☒ Change ☐ Addition
NAME Johnson, Alexander B.
STREET ADDRESS 60 Wall Street
CITY-ST-ZIP New York, NY 10005

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 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:

Sonja K. Olsen Sonja K. Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-05 212-250-0019