

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90057 019 ****50.00

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1. Entity Name
NATIONAL CANADA FINANCE LLC



Principal Place of Business

125 WEST 55TH ST.
23RD FL
NEW YORK, NY 10019

Mailing Address

125 WEST 55TH ST.
23RD FL
NEW YORK, NY 10019

14024451



06222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4164836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORAL, DONNA
125 WEST 55TH, 23RD FLOOR
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LACROIX, SERGE
125 WEST 55TH ST
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAPLANTE, YVON
125 WEST 55TH, 23RD FLOOR
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
GORAL, DONNA
125 WEST 55TH, 23RD FLOOR
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILLERGEAU, MONIQUE
125 WEST 55TH STREET
NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCHUGH, CHUCK
125 WEST 55TH, 23RD FLOOR
NEW YORK, NY 10019

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IN THIS SPACE**

11. I hereby certify that the information provided in this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company and execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alexa Topolski* **Alexa Topolski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

06.22.2004

Date

(212) 632-8697

Daytime Phone #