

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29276** (3)
1. Corporation Name
CAREY FINANCIAL CORPORATION

Principal Place of Business
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020
US**

Mailing Address
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1990	
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 13-3213550	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____ DATE _____
Signature typed to printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VICE PRESIDENT
NAME	BIGLER, DEBRA E	1.2 NAME	DAVID G. TERMINE
STREET ADDRESS	50 ROCKEFELLER PLAZA	1.3 STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FLOOR
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	V	2.1 TITLE	
NAME	FERNANDEZ, CLAUDE	2.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	PO	3.1 TITLE	
NAME	CAREY, H. AUGUSTUS	3.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CAREY, WILLIAM P.	4.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	HAMRICK, STEPHEN H	5.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	FVP	6.1 TITLE	
NAME	EBERLE, DAVID S	6.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

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: *David G. Termine* **DAVID G. TERMINE** Vice President 1/8/98 (212) 492-1167

CR2E034 (10/97)