


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P29276 1. Entity 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



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3213550	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
--

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000542699
05/10/06 00:03:00 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BIGLER, DEBRA E 50 ROCKEFELLER PLAZA NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ROSS, SHARON L 50 ROCKEFELLER PLAZA, 2ND FLOOR NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO PALEY, RICHARD J 50 ROCKEFELLER PLAZA NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMRICK, STEPHEN H 50 ROCKEFELLER PLAZA NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT TERMINE, DAVID G 50 ROCKEFELLER PLAZA NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **DAVID G. TERMINE, SENIOR VICE PRESIDENT** **4/21/06** **212-492-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #