

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3213550

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000934700
05/23/08-80042-014 150.00

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	SVPT TERMINE, DAVID G 50 ROCKEFELLER PLAZA NEW YORK, NY 100201605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID TERMINE

4/28/08

Date

(212) 492-1167

Daytime Phone #