FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
*ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:10

DOCUMENT # **P33222** **(1)**

1. Corporation Name
NATIONAL CANADA FINANCE CORP.

Principal Place of Business	Mailing Address
125 WEST 55TH STREET NEW YORK NY 10019	125 WEST 55TH STREET NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-3563231	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SMOCK, ROGER	12 NAME	
STREET ADDRESS	%125 W. 55TH STREET	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	RICHTER, JOHN	22 NAME	
STREET ADDRESS	%125 W. 55TH STREET	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VAS	31 TITLE	XX Change ☐ Addition
NAME	VENTURA, VICTOR	32 NAME	AS Coral, Donna
STREET ADDRESS	%125 W. 55TH STREET	33 STREET ADDRESS	125 West 55th Street
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	New York, N.Y. 10019
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	DOSS, THOMAS	42 NAME	
STREET ADDRESS	%125 W. 55TH STREET	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	V	51 TITLE	VP & Treasurer XX Change ☐ Addition
NAME	FRANDANO, PETER	52 NAME	Johnston, Frank
STREET ADDRESS	%125 W. 55TH STREET	53 STREET ADDRESS	125 West 55th Street
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	New York, N.Y. 10019
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	BARRETT, DEAN	62 NAME	
STREET ADDRESS	%125 W. 55TH STREET	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Renu P. Saxena Renu Saxena-Vice President 4/24/95 212-632-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Donna Coral DONNA GORAL 6/2/95 212-632-8801

0001100 CP