

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 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 # **P33222** (1)
1. Corporation Name
NATIONAL CANADA FINANCE CORP.



Principal Place of Business 125 WEST 55TH STREET NEW YORK NY 10019	Mailing Address 125 WEST 55TH STREET NEW YORK NY 10019
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1991

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SMOCK, ROGER	
STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	

1.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harvey L. Brooks	
1.3 STREET ADDRESS	125 West 55th Street, 23rd Floor	
1.4 CITY-ST-ZIP	New York, NY 10019	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHTER, JOHN	
STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GORAL, DONNA	
STREET ADDRESS	125 WEST 55TH ST	
CITY-ST-ZIP	NEW YORK NY	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOSS, THOMAS	
STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LEYARD	
STREET ADDRESS	125 WEST 55TH ST	
CITY-ST-ZIP	NEW YORK NY	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARRETT, DEAN	
STREET ADDRESS	%125 W. 55TH STREET	
CITY-ST-ZIP	NEW YORK NY	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Donna Goral* Donna Goral 07/06/98 (212) 633-8801

CR2E034 (5/98)