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

FILED **PROFIT** Mar 01, 1999 8:00 am FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** Secretary of State ANNUAL REPORT BINIEON DE MOREORATION 1999 03-01-1999 90003 007 ***150.00 **DOCUMENT #** 1. Corporation Name 7 1999 NATIONAL CANADA FINANCE CORP Principal Place of Business 125 WEST 55TH STREET 125 WEST 55TH STREET NEW YORK NY 10019 NEW YORK NY 10019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 36-3563231 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State -City & State -------8. Election Campaign Financing-\$5:00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ Change DELETE 1.1 TITLE TITLE BROOKS, HARVERY L 12 NAME NAME 125 WEST 55TH STREET 23RD FL 1.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE RICHTER, JOHN 2.2 NAME NAME 125 WEST 55TH STREET 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE **VPS** 3.1 TITLE TITLE GORAL, DONNA 3.2 NAME NAME 125 WEST 55TH ST 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE VPD TITLE DOSS, THOMAS 4. 2 NAME NAME 125 WEST 55TH STREET 4.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 DT F TITLE 5.2 NAME BARRETT, DEAN 5.3 STREET ADDRESS STREET ADDRESS %125 W. 55TH STREET 5.4 CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Richter NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/1999

212-632-8500