

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90125 003 ***150.00

DOCUMENT # P36465

1. Corporation Name

FAYETTE CAPITAL, INC.

Principal Place of Business

225 LIBERTY ST
SO TWR 14TH FLR
NEW YORK NY 10080-108
US

Mailing Address

255 LIBERTY ST
SO TWR 14TH FLR
NEW YORK NY 10080-108
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

13-3640945

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET #2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE PD
NAME LANE, CLINTON W
STREET ADDRESS 250 VESEY STREET
CITY-ST-ZIP NEW YORK NY 10281

TITLE VPAS
NAME VALENTI, JOSEPH S.
STREET ADDRESS 225 LIBERTY ST S TWR 14FL
CITY-ST-ZIP NEW YORK NY 10080

TITLE VST
NAME WIDENER, THOMAS W.
STREET ADDRESS 250 VESEY STREET
CITY-ST-ZIP NEW YORK NY

TITLE VP
NAME HAUGH, GERARD
STREET ADDRESS 225 LIBERTY STREET, WFC SO. TWR
CITY-ST-ZIP NEW YORK NY 10080

TITLE VPAS
NAME TOMASELLI, JEAN
STREET ADDRESS 250 VESEY STREET
CITY-ST-ZIP NEW YORK NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VPASAT
4.3 STREET ADDRESS TOONE, KIRA J.
4.4 CITY-ST-ZIP 225 LIBERTY ST., SO-TOWER, 14 FLOOR
NEW YORK, NY 10080-6114

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRA J. TOONE

04/28/99

(212) 236-7203

Date Daytime Phone #

CR2E034 (11/98)