

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004924

Entity Name: CAREY REIT II, INC.**Current Principal Place of Business:**ONE MANHATTAN WEST
395 9TH AVENUE
NEW YORK, NY 10001**Current Mailing Address:**ONE MANHATTAN WEST
395 9TH AVENUE
NEW YORK, NY 10001 US**FEI Number:** 14-2005523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	FOX, JASON E
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	DIRECTOR
Name	GORDON, BROOKS G
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	CFO
Name	SANZONE, TONIANN
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	SECRETARY, DIRECTOR
Name	HYDE, SUSAN C
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	ASSISTANT SECRETARY
Name	GERSTEN, ROBIN
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	TREASURER
Name	CANTASANO, CATHERINE
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

Title	SECRETARY
Name	ISFAN, CHRISTINE
Address	ONE MANHATTAN WEST 395 9TH AVENUE
City-State-Zip:	NEW YORK NY 10001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE ISFAN**SECRETARY****04/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date