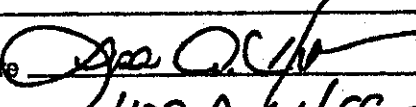


<b>No. C 121506</b>		<b>Due no later than November 30, 2007</b>		<b>2. Registered Agent and Office NO PO BOX</b>	
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		<b>Annual Report Form</b>		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE, ID 83702 USA	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if applicable</b> CITICAPITAL TECHNOLOGY FINANCE, INC LICENSING DEPT PO BOX 31228 TAMPA, FL		<b>3. New Registered Agent Signature</b>	
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	David Smith	450 Mamaroneck Ave.	Hamson	NY	10528
Secretary	Robert Goldberg	450 Mamaroneck Ave	Hamson	NY	10528
Director	Anthony Cracchido	450 Mamaroneck Ave	Hamson	NY	10528
Director	Thomas Rabbe	450 Mamaroneck Ave	Hamson	NY	10528
Director	David Smith	450 Mamaroneck Ave	Hamson	NY	10528
<b>5. Organized Under the Laws of:</b> PENNSYLVANIA C 121506		<b>6. Signature</b>  <b>Name</b> (Typed or Printed) <u>Lisa A. Hoffman</u>		<b>Date</b> <u>10-16-07</u> <b>Title</b> <u>Asst. Secretary</u>	

Issued 09/04/2007

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**BLOCK 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box

**BLOCK 3:** Only a new registered agent must sign in Block 3.

**BLOCK 4:** Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**BLOCK 5:** May not be altered through the use of this form.

**BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

**\*\* The image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers**

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at [www.idsos.state.id.us](http://www.idsos.state.id.us). However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership) to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

**DUE NO LATER THAN NOVEMBER 30, 2007**  
**POSTMARK DATES WILL NOT BE ACCEPTED**

REV. (5/07)