

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90016 005 \*\*\*150.00

**DOCUMENT # F98000003126**

1. Entity Name  
**CFN FINANCE, INC.**

Principal Place of Business <b>4450 RIVER GREEN PARKWAY, SUITE 100          DULUTH GA 30096</b>	Mailing Address <b>1776 PEACHTREE RD NW          SUITE 700 NORTH TOWER          ATLANTA GA 30309</b>
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2. Principal Place of Business <b>1601 Chestnut Street</b>	3. Mailing Address <b>1601 Chestnut Street</b>
Suite, Apt. #, etc. <b>TL 205</b>	Suite, Apt. #, etc. <b>TL 205</b>
City & State <b>Philadelphia, PA</b>	City & State <b>Philadelphia, PA</b>
Zip <b>19103</b>	Country
Country	Zip <b>19103</b>
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2091687** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

8. 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <b>RAFFAELI, C CATHLEEN</b> <b>120 BLOOMINGDALE RD 3RD FLOOR</b> <b>WHITE PLAINS NY 10605</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <b>RAFFAELI, C CATHLEEN</b> <b>120 BLOOMINGDALE RD 3RD FLOOR</b> <b>WHITE PLAINS NY 10605</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>E</del> <b>REDDY, LISA</b> <b>1776 PEACHTREE RD NW STE 700 N TOWER</b> <b>ATLANTA GA 30309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAYNE, JAMES</b> <b>4450 RIVER GREEN PKWY STE 100</b> <b>DULUTH GA 30096</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T</del> <b>LEPORE, GERARD</b> <b>4450 RIVER GREEN PKWY STE 100</b> <b>DULUTH GA 30096</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <b>CUTTIER, SANDRA</b> <b>4450 RIVER GREEN PKWY STE 100</b> <b>DULUTH GA 30096</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres / Director</b> <b>CAROLINE L. VANDERLIP</b> <b>1133 Ave of Americas</b> <b>New York, NY 10036</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>KENNETH R. GARRETT</b> <b>1601 Chestnut St</b> <b>Phila, PA 19103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <b>John M. Buckley</b> <b>1601 Chestnut Street</b> <b>Phila, PA 19103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>LOUIS P. IACOVELLI</b> <b>1601 Chestnut St</b> <b>Phila, PA 19103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John M. Buckley** 4/23/2002 215-640-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)