

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006940

1. Entity Name
CAPITAL ASSET RESEARCH FUNDING 1998-A INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 001 ***150.00

Principal Place of Business 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410	Mailing Address 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410-4227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0881580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	TILLEY, CHRISTOPHER	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, GEORGE R	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORANSSON, BARBARA G	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	TREADWELL, KENNETH A	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GREETHAM, DONALD E	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILOTTA, FRANK B	
STREET ADDRESS	TWO WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kenneth Treadwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 *561-776-5000*
Date Daytime Phone #

CR2E034 (9/99)