

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

03 JUN 25 PM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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<b>DOCUMENT # F9800006940</b>					
1. Entity Name <b>CAPITAL ASSET RESEARCH FUNDING 1998-A INC.</b>					
Principal Place of Business <del>3950 RCA BLVD. SUITE 5001</del> <del>PALM BEACH GARDENS, FL 33410</del> <b>3960 RCA Blvd. Suite 6002</b> <b>Palm Beach Gardens, 33410</b>			Mailing Address <del>3950 RCA BLVD. SUITE 5001</del> <del>PALM BEACH GARDENS, FL 33410</del> <b>3960 RCA Blvd. Suite 6002</b> <b>Palm Beach Gardens, 33410</b>		
2. Principal Place of Business:		3. Mailing Address:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0881580</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTHEIM, RAM 113 KING STREET ARMONK, NY 10504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021132212 06/25/03--01030--012 **550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUNDERSEN, GEORGE G 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUDNICK, NEIL G 113 KING STREET ARMONK, NY 10504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENTWORTH, BRUCE R 2 CORPORATE DRIVE 3RD FLOOR SHELTON, CT 06848	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D GORENOEN, PETER H 40 WALL STREET 27TH FLOOR NEW YORK, NY 10005</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Benjamin B. Abedine 48 Wall Street, 27th Floor New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D JENKINS, DWIGHT 40 WALL STREET 27TH FLOOR NEW YORK, NY 10005</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dean A. Christiansen 48 Wall Street, 27th Floor New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bruce R. Wentworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(866) 779-6428 6/13/03 <small>Daytime Phone #</small>		

CR2E034 (10/02)