

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005739

1. Corporation Name

COMPAQ CAPITAL CORPORATION

Principal Place of Business

Mailing Address

100 WOODBRIDGE CENTER DR.
WOODBRIDGE NJ 07095

100 WOODBRIDGE CENTER DR.
WOODBRIDGE NJ 07095

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

5. FEI Number

76-0523923

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	MASON, EARL L	100 WOODBRIDGE CENTER DR.	WOODBRIDGE NJ 07095
DCEO	ROTHMAN, IRVING H	100 WOODBRIDGE CENTER DR.	WOODBRIDGE NJ 07095
VS	MCCARTHY, G. DANIEL	100 WOODBRIDGE CENTER DR.	WOODBRIDGE NJ 07095
V	GOLD, GERRI A	100 WOODBRIDGE CENTER DR.	WOODBRIDGE NJ 07095
AS	AWERS, LINDA S	100 WOODBRIDGE CENTER DR.	WOODBRIDGE NJ 07095

8. Name and Address of Current Registered Agent

9. 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)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Patrick A. Nolan
Assistant Secretary

Date

11/18/1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Patrick A. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98
Date

732-404-2643
Daytime Phone #

CR2E040 (9/98)

Compaq Capital Corporation
Schedule of Officers and Directors
1998

Position	Chairman of the Board of Directors
Name	Earl L. Mason
Street/RT	20555 State Highway 249
City/State/Zip	Houston, Texas 77070
Position	President, CEO and Director
Name	Irving H. Rothman
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095
Position	Vice President - Corporate Development
Name	Gerri A. Gold
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095
Position	Treasurer
Name	Ed Andrews
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095
Position	Vice President, General Counsel & Secretary
Name	G. Daniel McCarthy
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095
Position	Controller
Name	Bill Wavro
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095
Position	Assistant Secretary
Name	Louis Fontana
Street/RT	100 Woodbridge Center Drive
City/State/Zip	Woodbridge, New Jersey 07095