

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90202 028 \*\*\*150.00

**DOCUMENT # F00000001583**

**1. Entity Name**

**CENDANT MOBILITY FINANCIAL CORPORATION**



**Principal Place of Business**

**40 APPLE RIDGE RD  
DANBURY CT 06810**

**Mailing Address**

**1 CAMPUS DR  
3B, LEGAL DEPARTMENT  
PARSIPPANY NJ 07054**

63014036



MOORE CR2E034 (11/03)

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number** 06-1569575

**Applied For**  
☐ **Not Applicable**

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>BUCKMAN, JAMES E</b>
<b>STREET ADDRESS</b>	<b>9 WEST 57TH ST, 37TH FLOOR</b>
<b>CITY-ST-ZIP</b>	<b>NEW YORK NY 10019</b>
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>SMITH, RICHARD A</b>
<b>STREET ADDRESS</b>	<b>1 CAMPUS DR</b>
<b>CITY-ST-ZIP</b>	<b>PARSIPPANY NJ 07054</b>
<b>TITLE</b>	<b>EVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
<b>NAME</b>	<del>GOGROFT, DUNCAN</del>
<b>STREET ADDRESS</b>	<b>1 CAMPUS DR</b>
<b>CITY-ST-ZIP</b>	<b>PARSIPPANY NJ 07054</b>
<b>TITLE</b>	<b>SVS</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>BOCK, ERIC</b>
<b>STREET ADDRESS</b>	<b>9 WEST 57TH STREET - 37TH FLOOR</b>
<b>CITY-ST-ZIP</b>	<b>NEW YORK NY 10019</b>
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>HUBER, JOSEPH</b>
<b>STREET ADDRESS</b>	<b>1 CAMPUS DR</b>
<b>CITY-ST-ZIP</b>	<b>PARSIPPANY NJ 07054</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>STIDD, ANDREW L</b>
<b>STREET ADDRESS</b>	<b>114 WEST 47TH ST, SUITE 1715</b>
<b>CITY-ST-ZIP</b>	<b>NEW YORK NY 10036</b>

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DAVID B. WYSHNER</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*Joseph Huber*

*Joseph Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/04*

Date

*973-496-7471*

Daytime Phone #