

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853089

1. Entity Name

NTFC CAPITAL CORPORATION

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

05-23-2000 90251 012 ***150.00

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD STAMFORD CT 06927	DEPT. 8109 260 LONG RIDGE RD STAMFORD CT 06927-1600 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	62-1105522	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JOHN	NAME	
STREET ADDRESS	220 ATHENS WAY	STREET ADDRESS	260 LONG RIDGE ROAD
CITY-ST-ZIP	NASHVILLE TN	CITY-ST-ZIP	STAMFORD, CT 06927-9622
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLINSKI, STEPHEN A	NAME	
STREET ADDRESS	3 ROBERT SPECK PKWY	STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ON	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, DONALD K.	NAME	
STREET ADDRESS	200 ATHENS WAY	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 00000	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, JEFFREY L	NAME	
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, J. E.	NAME	
STREET ADDRESS	200 ATHENS WAY	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 00000	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHecter, ROGER A.	NAME	
STREET ADDRESS	200 ATHENS WAY	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 00000	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:	<i>[Signature]</i>	Date	5-1-2000	203-357-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

CR2E034 (9/99)