

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-09-2002 90034 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F00000001583**

1. Entity Name

**Cendant Mobility Financial
Corporation**

91058

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
(See Attachment)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

06-1569575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

660 East Jefferson Street

City **Tallahassee**

FL

Zip Code
32301

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	(see Attachment)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Huber**

Joseph Huber, VP

4/24/02

973-496-5279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

91058
[REDACTED]

ATTACHMENT

Principal Place of Business:

40 Apple Ridge
Danbury, CT 06810

#F000000001583

Officers:

President/Director: Richard Smith
1 Campus Drive
Parsippany, NJ 07054

EVP/Treasurer: Duncan Cocroft
(same as above)

SVP/Secretary: Eric Bock
9 West 57th Street - 37th FL
New York, NY 10019

VP: Joseph Huber
1 Campus Drive
Parsippany, NJ 07054

Directors: James Buckman
9 West 57th Street
New York, NY 10019