

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001878

1. Entity Name  
AGILENT FINANCIAL SERVICES, INC.



Principal Place of Business  
1 CIT DRIVE  
LIVINGSTON, NJ 07039

Mailing Address  
1 CIT DRIVE  
SUITE 1320-1  
LIVINGSTON, NJ 07039



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2573583

Applied For  
Not Applicable

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KAPUR, KIRAN  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE VASD  
NAME INGATO, ROBERT J  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE VS  
NAME MANDELBAUM, ERIC S  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE VTD  
NAME VOTEK, GLENN A  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE D  
NAME ABBATE, THOMAS L  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

TITLE AS  
NAME SEUFERT, LINDA M  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON, NJ 07039

U000000358423  
05/04/05-80114-016 150.00

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA SEUFERT 4/28/05 973.740.5796

Date

Daytime Phone #