

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90109 010 ***150.00

DOCUMENT # F02000001277

1. Entity Name

ARCAP SERVICING, INC.



Principal Place of Business

5605 NORTH MACARTHUR BLVD., SUITE 950
IRVING TX 75038

Mailing Address

5605 NORTH MACARTHUR BLVD., SUITE 950
IRVING TX 75038

00049391



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3026399

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HALEY, PETER
STREET ADDRESS 244 PARK AVE 3RD FLR
CITY-ST-ZIP NEW YORK NY 10172

TITLE D ☒ Delete
NAME ADKINSON, J. DANIEL
STREET ADDRESS 522 FIFTH AVENUE, 9TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

TITLE D- ☐ Delete
NAME BOESKY, STUART
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10022-1801

TITLE T ☐ Delete
NAME CARR, BRYAN
STREET ADDRESS 5605 NORTH MACARTHUR BLVD., SUITE 950
CITY-ST-ZIP IRVING TX 75038

TITLE CD ☐ Delete
NAME COTTON, LEONARD W
STREET ADDRESS 37 LAMBERT ROAD
CITY-ST-ZIP NEW CANAAN CT 06840

TITLE PD ☐ Delete
NAME DUGGINS, JAMES L
STREET ADDRESS 5605 NORTH MACARTHUR BLVD., SUITE 950
CITY-ST-ZIP IRVING TX 75038

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D- ☐ Change ☒ Addition
NAME Michael Giliberto
STREET ADDRESS 522 Fifth Avenue, 9th floor
CITY-ST-ZIP New York, NY 10036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 199 Elm Street
CITY-ST-ZIP

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:

Bryan Carr

Bryan Carr

4/29/05

972-580-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #