

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003472

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** FRANCHISE PORTFOLIO 1, INC.

**Current Principal Place of Business:**

1 CIT DRIVE  
LIVINGSTON, NJ 07039

**New Principal Place of Business:**

**Current Mailing Address:**

1 CIT DRIVE, #2108-A  
ATTN: TAX DEPT  
LIVINGSTON, NJ 07039

**New Mailing Address:**

**FEI Number:** 04-3694551      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/S  
Name: MANDELBAUM, ERIC S  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: D/TR  
Name: VOTEK, GLENN A  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: PRES  
Name: WARDEN, STEVEN N  
Address: 11 WEST 42ND STREET  
City-St-Zip: NEW YORK, NY 10036

Title: AVP  
Name: SEUFERT, LINDA M  
Address: 1 CIT DRIVE  
City-St-Zip: LIVINGSTON, NJ 07039

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA M. SEUFERT

AVP

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date