

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003472

FILED
May 01, 2012
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: PAUL, CHRISTOPHER H
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

05/01/2012

Electronic Signature of Signing Officer or Director

Date