

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000003473

1. Entity Name

FRANCHISE PORTFOLIO 2 INC.



FILED

04 MAY -7 AM 11:40

CLERK OF COURT
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address

1 CIT DRIVE
130-1
LIVINGSTON NJ 07039

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1 CIT DRIVE
SUITE 1320-1

CITY & STATE
LIVINGSTON, NJ

Zip
07039

Country
US

4. FEI Number
04-3694553

Applied For
Not Applicable

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

MOORE CR2E034 (11/03)



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

000035752300
05/07/04--01047--001 **3250.00
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, 2004 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 PD ☐ Delete
NAME HARMS, DON
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE VPD ☐ Delete
NAME DAVIS, DENNIS
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE VPDT ☐ Delete
NAME BRUNE, MICHAEL
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE SVP ☐ Delete
NAME WHITE, TIMOTHY J
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA SEUFERT, ASST. SECY 4/30/2004 (973) 740-5796