

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90168 018 ***150.00

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1. Entity Name
FRANCHISE PORTFOLIO 2 INC.



Principal Place of Business
**1 CIT DRIVE
LIVINGSTON, NJ 07039**

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

50047516



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-P

CR2E034 (10/03)

4. FEI Number
04-3694553

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARMS, DON
1 CIT DRIVE
LIVINGSTON, NJ 07039 ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP & Treasurer
Tom McGrath
1540 W. Fountainhead Pkwy.
Tempe, AZ 85282 ☐ Change ☒ Addition

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

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

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

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:

Linda Seufert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

973.740.5796
Daytime Phone #