

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90026 050 ***550.00

DOCUMENT # F02000003473

1. Entity Name

FRANCHISE PORTFOLIO 2 INC.



Principal Place of Business

**1 CIT DRIVE
LIVINGSTON NJ 07039**

Mailing Address

**1 CIT DRIVE
LIVINGSTON NJ 07039**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1320-1

City & State

City & State

4. FEI Number

04-3694553

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ 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 **VP** ☐ 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES./DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SENIOR VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
NAME **LINDA M. SEUFERT**
STREET ADDRESS **1 CIT DRIVE**
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

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: *Linda M. Seufert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/2003

Date

Daytime Phone #

4737405796

CR2E034 (4/03)