

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005089

1. Entity Name

HFS Decar Funding Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6 Sylvan Way

Suite, Apt. #, etc.

3. Mailing Address

1 Campus Dr.

Suite, Apt. #, etc.

City & State

Parsippany, NJ

City & State

Parsippany, NJ

4. FEI Number

42-1553258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code

32301

DO NOT WRITE
IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	President/Director
NAME	Kevin M. Sheehan
STREET ADDRESS	9 West 57th St. 37th Floor
CITY - ST - ZIP	New York, NY 10019
TITLE	Vice President
NAME	Joseph Huber
STREET ADDRESS	1 Campus Drive
CITY - ST - ZIP	Parsippany, NJ 07054
TITLE	Treasurer
NAME	Duncan H. Crockett
STREET ADDRESS	1 Campus Drive
CITY - ST - ZIP	Parsippany, NJ 07054
TITLE	Secretary
NAME	Eric J. Bock
STREET ADDRESS	9 West 57th St. 37th Floor
CITY - ST - ZIP	New York, NY 10019
TITLE	Director
NAME	James E. Buckman
STREET ADDRESS	9 West 57th St. 37th Floor
CITY - ST - ZIP	New York, NY 10019
TITLE	Director
NAME	Benjamin B. Abedine
STREET ADDRESS	48 Wall Street
CITY - ST - ZIP	New York, NY 10005

TITLE	
NAME	
STREET ADDRESS	
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Huber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber 4/8/03

Date

Daytime Phone #

CR2E034B (12/02)

21 4/16