

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002208

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: CAPTEC RECEIVABLES FINANCING CORPORATION III

## Current Principal Place of Business:

24 FRANK LLOYD WRIGHT DRIVE  
LOBBY L, 4TH FLOOR  
ANN ARBOR, MI 48105

## New Principal Place of Business:

## Current Mailing Address:

24 FRANK LLOYD WRIGHT DRIVE  
LOBBY L, 4TH FLOOR  
ANN ARBOR, MI 48105

## New Mailing Address:

FEI Number: 52-2109907

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEACH, PATRICK L  
Address: 24 FRANK LLOYD WRIGHT DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: VD ( ) Delete  
Name: MARTIN, W. ROSS  
Address: 24 FRANK LLOYD WRIGHT DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: V ( ) Delete  
Name: CZAJKA, FRANK T  
Address: 24 FRANK LLOYD WRIGHT DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: VS ( ) Delete  
Name: BRUDER, GARY A  
Address: 24 FRANK LLOYD WRIGHT DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: VT ( ) Delete  
Name: KELLY, DANIEL J  
Address: 24 FRANK LLOYD WRIGHT DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: D ( ) Delete  
Name: STIDD, ANDREW L  
Address: 445 BROAD HOLLOW ROAD, SUITE 239  
City-St-Zip: MELVILLE, NY 11747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY A BRUDER

VS

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date