

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003287

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: RH FUNDING CO.

## Current Principal Place of Business:

17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
RAMSEY, NJ 07446

## New Principal Place of Business:

## Current Mailing Address:

17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
RAMSEY, NJ 07446

## New Mailing Address:

FEI Number: 11-3578006      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: CEO ( ) Delete  
Name: TORRES, JOSEPH M  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

Title: EVP ( ) Delete  
Name: LUPI, ROBERTO  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

Title: VP ( ) Delete  
Name: SALAZAR, JULIO  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

Title: VP ( ) Delete  
Name: GINIS, TOM  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

Title: VP ( ) Delete  
Name: JANOW, MARIA  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

Title: VP ( ) Delete  
Name: LIGGERO, NOREEN  
Address: 17 SOUTH FRANKLIN TURNPIKE 3RD FLR.  
City-St-Zip: RAMSEY, NJ 07446

## 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 exemption stated in Chapter 119, 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: DAVID STEIN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

COO

03/01/2009

\_\_\_\_\_ Date