

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001794

1. Entity Name

NEWCOURT COMMUNICATIONS FINANCE CORPORATION

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 022 ***550.00

Principal Place of Business

650 CIT DRIVE
LIVINGSTON NJ 07039
US

Mailing Address

650 CIT DRIVE
LIVINGSTON NJ 07039
US

A0071663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3211455

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	VOTEK, GLENN	
STREET ADDRESS	2 GATEHALL DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	S	<input type="checkbox"/> Delete
NAME	INGATO, ROBERT J	
STREET ADDRESS	2 GATEHALL DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VPTO	<input checked="" type="checkbox"/> Delete
NAME	BROWER, MARK P	
STREET ADDRESS	2 GATEHALL DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Votek	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Ingato	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Mandelbaum	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley Nullmeyer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Hammill	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Votek

Date

Daytime Phone #

973-740-5000

CR2E034 (10/00)