

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

0440885

DOCUMENT # F93000001878

1. Entity Name
CAPITA CORPORATION

05-30-2001 90025 003 ***550.00

| | |
|---|---|
| Principal Place of Business 2 GATEHALL DR PARSIPPANY NJ 07054 US | Mailing Address 2 GATEHALL DR PARSIPPANY NJ 07054 US |
|---|---|

A0071643



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 650 CIT Drive | 3. Mailing Address 650 CIT Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State Livingston NJ | City & State Livingston NJ | 4. FEI Number 22-3211453 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 07039 | Country US | Zip 07039 | Country US |

| |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$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. (NOT 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! FEE IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP | GP MCKERROLL, DAVID D 181 BAY STREET, SUITE 3500 TORONTO, ONTARIO CANADA M5J-2T3 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GP NULLMEYER, BRADLEY 181 BAY STREET SUITE 3500 TORONTO, ONTARIO CANADA M5J-2T3 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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 11 or Block 12 if changed, or on an attachment with an address with an other like empowers.

SIGNATURE: [Signature] **Glenn Votek** **973-740-5000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)