

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000001878

1. Entity Name

CAPITA CORPORATION



FILED

04 MAY -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DR
LIVINGSTON NJ 07039
US

Mailing Address

1 CIT DR
1320-1
LIVINGSTON NJ 07039
US

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

22-3211453

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)

100035752051
05/07/04--01047--001 **3250.00

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 VD ☐ Delete
NAME INGATO, ROBERT
STREET ADDRESS 1 CIT DR
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE P ☒ Delete
NAME FERNANDO, FIORE
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE S ☐ Delete
NAME MANDELBAUM, ERIC
STREET ADDRESS 1 CIT DR
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE TD ☐ Delete
NAME VOTEK, GLENN
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE AS ☐ Delete
NAME SEUFERT, LINDA
STREET ADDRESS 1 CIT DR
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE D ☐ Delete
NAME ABBATE, THOMAS L
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME DAVID McKERROLL
STREET ADDRESS 207 QUEENS QUAY WEST, SUITE 700
CITY-ST-ZIP TORONTO, ONTARIO M5J 1A7 CANADA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LINDA SEUFERT ASST. SECY. 4/30/2004 (973) 740-5796

Date

Daytime Phone #