

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001878

1. Entity Name  
CAPITA CORPORATION



Principal Place of Business  
1 CIT DR  
LIVINGSTON, NJ 07039 US

Mailing Address  
1 CIT DR  
1320-1  
LIVINGSTON, NJ 07039 US



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE P  
NAME MCKERROLL, DAVID  
STREET ADDRESS 207 QUEENS QUAL WEST, SUITE 700  
CITY-ST-ZIP TORONTO, ONTARIO M5J 1A7,

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

LINDA SEUFERT 4/28/05 973.740.5796