2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# F93000005124

Entity Name: QUARTX FLEET MANAGEMENT, INC.

Current Principal Place of Business:

1 CAMPUS DR.
PARSIPPANY, NY 07054

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DR.
PARSIPPANY, NY 07054

New Mailing Address:

FEI Number: 51-0351151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D ( ) Delete
Name: BIWER, THERESA
Address: 218 NORTH JEFFERSON ST., SUITE 100
City-St-Zip: CHICAGO, IL 60661

Title: V ( ) Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: DS ( ) Delete
Name: PINAHS, BARBARA
Address: 218 NORTH JEFFERSON ST., SUITE 100
City-St-Zip: CHICAGO, IL 60661

Title: DPT ( ) Delete
Name: STARK, MELISSA M
Address: 218 NORTH JEFFERSON ST., SUITE 100
City-St-Zip: CHICAGO, IL 60661

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: ABEDINE, BENJAMIN B
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: FIORAVANTI, ALBERT J
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005

Title: PAT (X) Change ( ) Addition
Name: FIGUEROA, ORLANDO
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005

Title: VPS ( ) Change (X) Addition
Name: GEBRON, LORI
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH HUBER V 01/12/2005

Electronic Signature of Signing Officer or Director — Date