

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90005 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005729

1. Corporation Name
AT&T FINANCE CORP.



Principal Place of Business 412 MT KEMBLE AVE. S287 MORRISTOWN NJ 07960 US	Mailing Address 412 MT KEMBLE AVE. S287 MORRISTOWN NJ 07960 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/17/1993	4. FEI Number 22-3323405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required*	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	See Attached List <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKENSON, H J	1.2 NAME	
STREET ADDRESS	131 MORRISTOWN RD., RM A-2024	1.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ	1.4 CITY-ST-ZIP	
TITLE	TASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNES, ROBERT A	2.2 NAME	
STREET ADDRESS	131 MORRISTOWN RD., RM A-2008	2.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ	2.4 CITY-ST-ZIP	
TITLE	TASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZUKI, PETER M	3.2 NAME	
STREET ADDRESS	131 MORRISTOWN RD., RM. A-2040	3.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ	3.4 CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUAH, ANTOINETTE A.	4.2 NAME	
STREET ADDRESS	412 MT KEMBLE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Antoinette A. Duah** 3/16/99 973-644-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

AT&T FINANCE CORPORATION

Election Date 01/14/1999 FEIN 22-3323405

ELECTED CORPORATION OFFICERS AND DIRECTORS**TITLE / NAME****BUSINESS ADDRESS**DOC-F9300000 5729
267095-90005-28**OFFICERS****President**

John W. Thomson

295 N. Maple Avenue

Basking Ridge, NJ 07920

Vice President & Secretary

Robert S. Feit

131 Morristown Rd. Bldg.A Rm.A2035

Basking Ridge, NJ 07920-1002

Vice President/Treasurer/Asst. Secretary

Steven Garfinkel

295 N. Maple Avenue

Room 1211N3

Basking Ridge, NJ 07920-1002

Assistant Secretary

Ephraim M. Brecher

412 Mt. Kemble Avenue, PO Box 1995

Room S267

Morristown, NJ 07962-1995

Assistant Secretary

Antoinette A. Duah

412 Mt. Kemble Avenue

Room S287

Morristown, NJ 07960

Assistant Secretary

Jeff Tutnauer

412 Mt. Kemble Avenue

Room C250

Morristown, NJ 07960

Assistant Secretary

Gary Wiggins

412 Mt. Kemble Ave.

Room S209

Morristown, NJ 07960

DIRECTORS**Director**

Robert S. Feit

131 Morristown Rd. Bldg.A Rm.A2035

Basking Ridge, NJ 07920-1002

Director

Steven Garfinkel

295 N. Maple Avenue

Room 1211N3

Basking Ridge, NJ 07920-1002

Director

John W. Thomson

295 N. Maple Avenue

Basking Ridge, NJ 07920