


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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90005 027 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F93000005730**

1. Corporation Name  
**AT&T FINANCIAL SERVICES INC.**



Principal Place of Business <b>412 MT KEMBLE AVE. S287 MORRISTOWN NJ 07920 US</b>	Mailing Address <b>412 MT KEMBLE AVE. S287 MORRISTOWN NJ 07920 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>
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3. Date Incorporated or Qualified <b>12/17/1993</b>	4. FEI Number <b>22-3323406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOKENSON, HOKENSON J</b>
STREET ADDRESS	<b>131 MORRISTOWN RD, RM. A-2024</b>
CITY-ST-ZIP	<b>BASKING RIDGE NJ</b>
TITLE	<b>VASD</b> <input type="checkbox"/> DELETE
NAME	<b>MAYNES, ROBERT A</b>
STREET ADDRESS	<b>131 MORRISTOWN RD., RM. A-2008</b>
CITY-ST-ZIP	<b>BASKING RIDGE NJ</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE
NAME	<b>SUZUKI, PETER M</b>
STREET ADDRESS	<b>131 MORRISTOWN RD., RM. A-2040</b>
CITY-ST-ZIP	<b>BASKING RIDGE NJ</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>DUAH, ANTOINETTE A</b>
STREET ADDRESS	<b>412 MT KEMBLE AVE</b>
CITY-ST-ZIP	<b>MORRISTOWN NJ</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>See Attached List</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/16/99** **973-644-1224**

CR2E034 (1/1/98)

**AT&T FINANCIAL SERVICES, INC.**

Election Date 01/14/1999 FEIN 22-3323406

**ELECTED CORPORATION OFFICERS AND DIRECTORS****TITLE / NAME****BUSINESS ADDRESS**DOC-F93000005730  
267094-90005-27**OFFICERS**

<b>President</b> John W. Thomson	295 N. Maple Avenue Basking Ridge, NJ 07920
<b>Vice President &amp; Secretary</b> Robert S. Feit	131 Morristown Rd. Bldg.A Rm.A2035 Basking Ridge, NJ 07920-1002
<b>Vice President/Treasurer/Asst. Secretary</b> Steven Garfinkel	295 N. Maple Avenue Room 1211N3 Basking Ridge, NJ 07920-1002
<b>Assistant Secretary</b> Ephraim M. Brecher	412 Mt. Kemble Avenue, PO Box 1995 Room S267 Morristown, NJ 07962-1995
<b>Assistant Secretary</b> Antoinette A. Duah	412 Mt. Kemble Avenue Room S287 Morristown, NJ 07960
<b>Assistant Secretary</b> Jeff Tutnauer	412 Mt. Kemble Avenue Room C250 Morristown, NJ 07960
<b>Assistant Secretary</b> Gary Wiggins	412 Mt. Kemble Ave. Room S209 Morristown, NJ 07960

**DIRECTORS**

<b>Director</b> Robert S. Feit	131 Morristown Rd. Bldg.A Rm.A2035 Basking Ridge, NJ 07920-1002
<b>Director</b> Steven Garfinkel	295 N. Maple Avenue Room 1211N3 Basking Ridge, NJ 07920-1002
<b>Director</b> John W. Thomson	295 N. Maple Avenue Basking Ridge, NJ 07920