

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001994

FILED
Feb 25, 2009
Secretary of State

Entity Name: LINDEN RFC MANAGEMENT CORPORATION

Current Principal Place of Business:

820 MORRIS TURNPIKE
STE 102
SHORT HILLS, NJ 07078

New Principal Place of Business:

Current Mailing Address:

820 MORRIS TURNPIKE
STE 102
SHORT HILLS, NJ 07078

New Mailing Address:

FEI Number: 22-3293846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILF, MARK
3824 CYPRESS MEADOWS RD.
TAMPA, FL 33624 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: PC () Delete
Name: FEINSTEIN, NORMAN A
Address: C/O THE MANAGEMENT CO 86 MAPLE AVE
City-St-Zip: MORRISTOWN, NJ 07960

Title: V () Delete
Name: HALPERN, DAVID
Address: 90 WOODBRIDGE CENTER DRIVE, 6TH FLOOR
City-St-Zip: WOODBRIDGE, NJ 07095

Title: S () Delete
Name: WILF, ZYGMUNT
Address: 820 MORRIS TURNPIKE, SUITE 301
City-St-Zip: SHORT HILLS, NJ 07078

Title: D () Delete
Name: PUGLISI, DONALD
Address: 1500 CASHO MILL ROAD, SUITE 3
City-St-Zip: NEWARK, DE 19711

Title: D () Delete
Name: CHAVKIN, ANDREW M
Address: 354 EISENHOWER PKWY
City-St-Zip: LIVINGSTON, NJ 07039

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: FEINSTEIN, NORMAN A
Address: C/O THE MANAGEMENT CO 15 MAPLE AVE
City-St-Zip: MORRISTOWN, NJ 07960

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ZYGMUNT WILF

Electronic Signature of Signing Officer or Director

SECY

02/25/2009

_____ Date