

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002437**

1. Corporation Name

**PATTEN RECEIVABLES FINANCE CORPORATION IX**

Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD  
BOCA RATON FL 33486

5295 TOWN CENTER ROAD  
BOCA RATON FL 33486

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90133 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/11/1994**

4. FEI Number

**65-0484310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** 4960 Blue Lake Drive

**26** 4960 Blue Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23** Boca Raton, FL

City & State

**28** Boca Raton, FL

Zip Country

**24** 33431 **25**

Zip Country

**29** 33431 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PCDS <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RONDEAU, PATRICK E                   | 1.2 NAME  |  |
| STREET ADDRESS             | 5295 TOWN CENTER ROAD                | 1.3 STREET ADDRESS                                    | 4960 Blue Lake Drive   |
| CITY-ST-ZIP                | BOCA RATON FL                        | 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33431   |
| TITLE                      | T <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHISTE, JOHN F                       | 2.2 NAME  |  |
| STREET ADDRESS             | 5295 TOWN CENTER ROAD                | 2.3 STREET ADDRESS                                    | 4960 Blue Lake Drive   |
| CITY-ST-ZIP                | BOCA RATON FL 33486                  | 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33431   |
| TITLE                      | V <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KOSCHER, DANIEL C                    | 3.2 NAME  |  |
| STREET ADDRESS             | 5295 TOWN CENTER ROAD                | 3.3 STREET ADDRESS                                    | 4960 Blue Lake Drive   |
| CITY-ST-ZIP                | BOCA RATON FL                        | 3.4 CITY-ST-ZIP                                       | Boca Raton, FL 33431   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GAJDA, THOMAS                        | 4.2 NAME  |  |
| STREET ADDRESS             | 86 SPRING STREET                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WILLIAMSTOWN MA                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FERGUSON, DANNY L                    | 5.2 NAME  |  |
| STREET ADDRESS             | 5295 TOWN CENTER ROAD                | 5.3 STREET ADDRESS                                    | 4960 Blue Lake Drive   |
| CITY-ST-ZIP                | BOCA RATON FL 33486                  | 5.4 CITY-ST-ZIP                                       | Boca Raton, FL 33431   |
| 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: *[Signature]* President

1/7/99

(561) 912-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)