

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004505

1. Entity Name

JHM FUNDING, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91400 045 \*\*\*150.00

Principal Place of Business

225 LIBERTY ST.  
WFC. SO. TWR. 8TH FLR.  
NEW YORK NY 10080-6114

Mailing Address

225 LIBERTY ST.  
WFC. SO. TWR. 8TH FLR.  
NEW YORK NY 10080-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3461822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, STE. #2  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST  
NAME VA;ENTI, JOESPH S  
STREET ADDRESS 225 LIBERTY STREET WFC. S. TWR.  
CITY-ST-ZIP NEW YORK NY 10080 ☐ Delete

TITLE VD  
NAME WIDENER, THOMAS W  
STREET ADDRESS 250 VESEY ST., WFC. NO. TWR.  
CITY-ST-ZIP NEW YORK NY 10281 ☒ Delete

TITLE PCD  
NAME LANE, CLINTON W  
STREET ADDRESS 250 VESEY ST., WFC. NO. TWR.  
CITY-ST-ZIP NEW YORK NY 10281 ☒ Delete

TITLE VPST  
NAME TOONE, KIRA J  
STREET ADDRESS 225 LIBERTY ST., SO. TWR.-14TH FLR  
CITY-ST-ZIP NEW YORK NY 10080 ☐ Delete

TITLE VPAS  
NAME TOMASELLI, JEAN M  
STREET ADDRESS 225 LIBERTY ST., SO. TWR.-24TH FLR  
CITY-ST-ZIP NEW YORK NY 10080 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.P.T  
NAME Carlos Valle  
STREET ADDRESS 250 VESEY ST. 10FI  
CITY-ST-ZIP New York, NY 10281 ☒ Change ☐ Addition

TITLE PCD  
NAME James A. Brown  
STREET ADDRESS 250 Vesey St. So. To. 10FI.  
CITY-ST-ZIP New York, NY 10281 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kira J. Toone* Kira J. Toone 4/25/00 (212) 236-7203

CR2E034 (9/99)