

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 026 ***550.00

DOCUMENT # F96000003316

1. Entity Name

WESTERN STAR FINANCE, INC.

Principal Place of Business

C/O NEWCOURT SERVICES-TAX
 2 GATEHALL DR
 PARSIPPANY NJ 07054
 US

Mailing Address

C/O NEWCOURT SERVICES-TAX
 2 GATEHALL DR
 PARSIPPANY NJ 07054
 US

2. Principal Place of Business

650 CIT Drive

3. Mailing Address

650 CIT Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Livingston NJ

City & State

Livingston NJ

Zip

07039

Country

US

Zip

07039

Country

US

4. FEI Number

35-1979785

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

(NOT)

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
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	NULLMEYER, BRADLEY D	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BRUCE	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL ALBERT	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES COULTER	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FALLOWFIELD, JEFF	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, JOHN P	
STREET ADDRESS	181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M5J-2T3	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley Nullmeyer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Votek	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Mandelbaum	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ingato	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Kemmer	
STREET ADDRESS	111 Monument Circle, Ste 2700	
CITY-ST-ZIP	Indianapolis IN 46204	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Imrie	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; 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)

Glenn Votek

Date

973-740-5000

Daytime Phone #

CR2E034 (10/00)