

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003316

1. Entity Name
WESTERN STAR FINANCE, INC.



Principal Place of Business
1 CIT DRIVE
LIVINGSTON, NJ 07039 US

Mailing Address
1 CIT DRIVE
MAILSTOP 1320-1
LIVINGSTON, NJ 07039



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABBATE, THOMAS L
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DT
NAME	VOTEK, GLENN
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	DEVP
NAME	INGATO, ROBERT J
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	SVP
NAME	MANDELBAUM, ERIC S
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	AS
NAME	SEUFERT, LINDA
STREET ADDRESS	1 CIT DRIVE
CITY-ST-ZIP	LIVINGSTON, NJ 07039
TITLE	P
NAME	KELLER, ROY W
STREET ADDRESS	1540 WEST FOUNTAINHEAD PARKWAY
CITY-ST-ZIP	TEMPE, AZ 85282

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #

LINDA SEUFERT 4/28/05 973.740.5796