

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **f9600000 5451**

1. Entity Name

ANTIGUA FUNDING CORPORATION

Principal Place of Business  
650 CIT DRIVE  
LIVINGSTON, NJ 07039

Mailing Address  
650 CIT DRIVE  
LIVINGSTON, NJ 07039

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

22-3462924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |
|       |      |                |                 | <input type="checkbox"/>        |

SEE LIST ATTACHED

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 #

4-27-00

Attachment  
DH# F96 000055/51

**Antigua Funding Corporation**

| <b>DIRECTORS</b>  |
|-------------------|
| Peter H. Sorensen |
| Richard L. Taiano |

650 CIT Dr. Livingston, NJ  
07032

| <b>OFFICERS</b>  |
|--|
| Executive Vice President and Chief<br>Financial Officer<br>Borden D. Rosiak  |
| Executive Vice President<br>Robert J. Ingato                                 |
| Executive Vice President - Corporate<br>Resources Officer<br>Sara R. McAuley |
| Executive Vice President and<br>Treasurer<br>Glenn A. Votek                  |
| Executive Vice President - Taxation<br>John G. Jakolev                       |
| Vice President and Assistant Secretary<br>John C. Chobot                     |
| Vice President and Controller<br>Richard G. Doomany                          |
| Assistant Vice President<br>Eric Mandelbaum                                  |
| Assistant Treasurer<br>Mark Brower   |
| Director, Federal Taxes<br>William Rodgers                                   |
| Director, State Income Taxes<br>Louis DeVico                                 |

