

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90114 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000006431**

1. Corporation Name

**NEWCOURT INSURANCE SERVICES, INC.**

Principal Place of Business

Mailin

C/O Newcourt Services - Tax  
2 Gatehall Drive  
Parsippany, NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/09/1996**

4. FEI Number

**35-1994801**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

28

C/O Newcourt Services - Tax  
2 Gatehall Drive  
Parsippany, NJ 07054

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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 **DVT** ☐ DELETE  
NAME **JAUERNIG, DANIEL ALBERT**  
STREET ADDRESS **BCE PL, 181 BAY ST #3500**  
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M5J -2T3**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **DAMJI, AZIZ A**  
STREET ADDRESS **BCE PL, 181 BAY ST #3500**  
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M5J -2T3**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DVS** ☐ DELETE  
NAME **HICKS, ROBERT J**  
STREET ADDRESS **111 MONUMENT CIR #2700**  
CITY-ST-ZIP **INDIANAPOLIS IN**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **MILBURN, MELISSA M**  
STREET ADDRESS **111 MONUMENT CIR #2700**  
CITY-ST-ZIP **INDIANAPOLIS IN**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 Section 607.0505, 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.

**Scott B. Peters**  
Asst. Vice President,  
Asst. Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

NISI

103374-90114-11  
F9000006431

# **NEWCOURT INSURANCE SERVICES, INC.**

## **LIST OF OFFICERS AND DIRECTORS**

2 Gatehall Drive  
Parsippany, NJ 07054  
EIN: 35-1994801

<b>Name</b>	<b>Title(s)</b>	<b>SSN</b>	<b>Home Address</b>	<b>Business Address</b>
Daniel A. Jauernig	Senior Vice President, Treasurer, Director	Canadian National SIN# 472-938-562	48 Lawrence Crescent Toronto, Ontario Canada M4N 1N2	181 Bay Street, Suite 3500 Toronto, Ontario Canada M5J 2T3
Robert J. Hicks	Vice President, Secretary, Director	187-38-7963	25 Melrose Lane Mountain Lakes, NJ 07046	Newcourt 2 Gatehall Drive, Parsippany, NJ 07054
Aziz A. Damji	Vice President -Insurance Services-	Canadian	77 Harbour Square, Unit 311 Toronto, Ontario Canada M5B 1L2	181 Bay Street, Suite 3500 Toronto, Ontario Canada M5J 2T3
Michel Beland	Vice President & Chief Financial Officer	303-19-1446	10813 Turne Grove Fishers, IN 46038-9006	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Scott E. Herbst	Asst. Vice President, Asst. Secretary	312-86-0867	10976 East Mallard Way Indianapolis, IN 46278	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Gregory J. Seketa	Asst. Vice President & Asst. Secretary	309-78-1496	3625 East County Road 750 South Clayton, IN 46118	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122