

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 91179 030 ***550.00

DOCUMENT # F96000006431

1. Entity Name

NEWCOURT INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

**BANK 1 TWR #2700
 111 MONUMENT CIR
 INDIANAPOLIS IN 46204
 US**

**BANK 1 TWR #2700
 111 MONUMENT CIR
 INDIANAPOLIS IN 46204
 US**

2. Principal Place of Business

650 CIT Drive

Suite, Apt. #, etc.

3. Mailing Address

650 CIT Drive

Suite, Apt. #, etc.

City & State

Livingston NJ

Zip

07039

Country

US

City & State

Livingston NJ

Zip

07039

Country

US

4. FEI Number

35-1994801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FEE IS \$150.00
 Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL ALBERT	
STREET ADDRESS	BCE PL, 181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J-2T3	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DAMJI, AZIZ A	
STREET ADDRESS	BCE PL, 181 BAY ST #3500	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5J-2T3	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	HICKS, ROBERT J	
STREET ADDRESS	111 MONUMENT CIR #2700	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STATON, MELISSA M	
STREET ADDRESS	111 MONUMENT CIR #2700	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Almond	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Salisbury	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Beroza	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ingato	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

Glenn Votek

973-740-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #