2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F97000000677 Feb 02, 2000 8:00 am 1. Entity Name Secretary of State MORGAN PF, INC. 02-02-2000 90115 040 ***150.00 Mailing Address Principal Place of Business C/O ORIX CREDIT ALLIANCE INC 1625 NW AMBERGLEN CT., #200 300 LIGHTING WAY SUITE 125 SECAUCUS NJ 07094-3672 BEAVERTON OR 97006 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 93-1203429 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change PDCE ☐ Delete TITI F TITLE COOPER, PHILIP D NAME NAME STREET ADDRESS 300 LIGHTING WAY STREET ADDRESS CITY-ST-ZIP SECAUCUS NJ 07096 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARKERSON, HAL B NAME NAME STREET ADDRESS STREET ADDRESS 300 LIGHTING WAY CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 Change ☐ Addition TITLE **D**elete JOSEPH J.-MCDEVIT ROTHMAN, MARTIN R NAME NAME 300 LIGHTING WAY STREET ADDRESS STREET ADDRESS 300 LIGHTING WAY CITY-ST-ZIP Spraucusiu CITY-ST-ZIP SECAUCUS NJ 07096 ☐ Addition VD □ Change ☐ Delete TITLE SALGE, ROBERT J NAME 300 LIGHTING WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GORDON, BRUCE B NAME NAME 300 LIGHTING WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 Change ☐ Addition **VDCO** ☐ Delete TITLE TITLE KALLICK, SANDY NAME NAME STREET ADDRESS 300 LIGHTING WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SESAUCUS NJ 07096 ECALCUS, NJ 07096

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, who all other like empowered.

SIGNATURE

MINIMAN REQUIREDUP 4 TRE

1/4/2000

(201)601-9000