

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90275 031 ***150.00

DOCUMENT # F97000006009

1. Entity Name

CENDANT OPERATIONS, INC.

Principal Place of Business

**6 SYLVAN WAY
PARSIPPANY NJ 07054**

Mailing Address

**6 SYLVAN WAY
PARSIPPANY NJ 07054**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **22-3544603**

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

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

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!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	SILVERMAN, HENRY	
STREET ADDRESS	9 WESST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HOLMES, STEPHEN P	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SEVP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DAVID M	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	ANDERSON, SCOTT	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CHIDSEY, JOHN W	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STP, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC J Bock	
STREET ADDRESS	6 SYLVAN WAY, Parsippany nj 07054	
CITY-ST-ZIP		
TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Huber	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	Parsippany nj 07054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (10/00)