

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006913

1. Entity Name  
THOMAS CREDIT CORPORATION

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

05-23-2001 91179 027 \*\*\*550.00

Principal Place of Business  
650 CIT DR  
LIVINGSTON NJ 07039

Mailing Address  
650 CIT DR  
LIVINGSTON NJ 07039

A0071653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-2030198

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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!**  
**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	NULLMEYER, BRADLEY D
STREET ADDRESS	BCE PLACE/181 BAY ST/STE 3500/TORONTO/ONT
CITY-ST-ZIP	CANADA M5J 2T3
TITLE	CFOV <input checked="" type="checkbox"/> Delete
NAME	BELAND, MICHEL
STREET ADDRESS	2700 BANK ONE TOWER, 111 MONUMENT CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN 46204-5122
TITLE	VP <input type="checkbox"/> Delete
NAME	KEMMER, DENNIS
STREET ADDRESS	2700 BANK ONE TOWER, 111 MONUMENT CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN 46204-5122
TITLE	VS <input checked="" type="checkbox"/> Delete
NAME	MOORE, SCOTT J
STREET ADDRESS	303 EAST WACKER DRIVE SUITE 900
CITY-ST-ZIP	CHICAGO IL 60601-5212
TITLE	VT <input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL A
STREET ADDRESS	181 BAY ST/STE 3500/TORONTO/ONTARIO
CITY-ST-ZIP	CANADA M5J 2T3
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	BENNETT, ROGER J
STREET ADDRESS	700 BANK ONE TOWER, 111 MONUMENT CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN 46204-5122

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley Nullmeyer
STREET ADDRESS	650 CIT Drive
CITY-ST-ZIP	Livingston NJ 07039
TITLE	V <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	
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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Mandelbaum
STREET ADDRESS	650 CIT Drive
CITY-ST-ZIP	Livingston NJ 07039
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Horsley
STREET ADDRESS	650 CIT Drive
CITY-ST-ZIP	Livingston NJ 07039

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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:

Glenn Votek 973-740-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)