2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000000203

1. Entity Name

CAPITAL ASSET RESEARCH FUNDING 1997-A, INC.



Principal Place of Business

3950 RCA BLVD SUITE 6002 PALM BEACH GARDENS, FL 33410 Mailing Address

3950 RCA BLVD SUITE 6002 PALM BEACH GARDENS, FL 33410

FILED Apr 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEt Number 65-0799472

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature 1/ped or printed name of registered agent and title if applicable (NOTE Registrosid Agent signature required when reinstalling).					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	D	-			_ U00000125621
NAME	WERTHEIM, RAM				
STREET ADDRESS	113 KING ST				
CITY - ST - ZIP	ARMONK, NY 10504		Į.		
TITLE	VPS				
NAME	BUDNICK, NEIL G				
STREET ADDRESS	113 KING STREET		ŧ		
CITY-ST-ZIP	ARMONK, NY 10504				
TITLE	P				
NAME	WENTWORTH, BRUCE R				
STREET ADDRESS	2 CORPORATE DRIVE 3RD FLOOR		1	DO	NOT WRITE
CITY-ST-ZIP	SHELTON, CT 06848				
TITLE	VP			IN '	THIS SPACE
NAME	GUNDERSEN, GEORGE			E 7 H	क्ष जा सामान्यक्ष विकास के कि के विकास शासना
STREET ADDRESS	3950 RCA BLVD., SUITE 5001		1		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		4		
TITLE	D		1		
NAME	SORENSEN, PETER H				

12. Thereby 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 if 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CHY-ST-ZIP

48 WALL STREET 27TH FLOOR

48 WALL STREET 27TH FLOOR NEW YORK, NY 10005

NEW YORK, NY 10005

JENKINS, DWIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/04

(866) 279-642 8 Daytime Photie #