

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90048 017 ***550.00

DOCUMENT # F98000000203

1. Entity Name
**CAPITAL ASSET RESEARCH FUNDING 1997-A,
INC.**



Principal Place of Business
~~3950 RCA BLVD SUITE 5001~~
PALM BEACH GARDENS, FL 33410
3960 RCA Blvd. Suite 6002
Palm Beach Gardens, FL 33410

Mailing Address
~~3950 RCA BLVD SUITE 5001~~
PALM BEACH GARDENS, FL 33410
3960 RCA Blvd. Suite 6002
Palm Beach Gardens, FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0799472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WERTHEIM, RAM**
STREET ADDRESS **113 KING ST**
CITY-STATE-ZIP **ARMONK, NY 10504**

TITLE **VPS** ☐ Delete
NAME **BUDNICK, NEIL G**
STREET ADDRESS **113 KING STREET**
CITY-STATE-ZIP **ARMONK, NY 10504**

TITLE **P** ☐ Delete
NAME **WENTWORTH, BRUCE R**
STREET ADDRESS **2 CORPORATE DRIVE 3RD FLOOR**
CITY-STATE-ZIP **SHELTON, CT 06848**

TITLE **VP** ☐ Delete
NAME **GUNDERSEN, GEORGE**
STREET ADDRESS **3950 RCA BLVD., SUITE 5001**
CITY-STATE-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **SORENSEN, PETER H**
STREET ADDRESS **48 WALL STREET 27TH FLOOR**
CITY-STATE-ZIP **NEW YORK, NY 10005**

TITLE **D** ☐ Delete
NAME **JENKINS, DWIGHT**
STREET ADDRESS **48 WALL STREET 27TH FLOOR**
CITY-STATE-ZIP **NEW YORK, NY 10005**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

SIGNATURE:

Bruce R Wentworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03

Date

Daytime Phone #

CR2E034 (10/02)