

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001589

1. Entity Name
CONSUMER FINANCIAL NETWORK, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90203 021 ***150.00

Principal Place of Business

1776 PEACHTREE RD NW
STE 700 NORTH TOWER
ATLANTA GA 30309

Mailing Address

1776 PEACHTREE RD NW
STE 700 NORTH TOWER
ATLANTA GA 30309

633579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 Bloomingdale Rd

3. Mailing Address

4450 River Green Pkwy

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

Suite 100

City & State

New York, NY

City & State

Duluth, GA

4. FEI Number 58-2289037

Applied For

Not Applicable

Zip

10605

Country

USA

Zip

30096

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO
NAME ELLIS, U. BERTRAM JR
STREET ADDRESS 1180 NORTHMOOR CT.
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE Director
NAME U. Bertram Ellis, Jr
STREET ADDRESS 1600 Peachtree St NW
CITY-ST-ZIP Atlanta, GA 30309 ☒ Change ☐ Addition

TITLE PCOO
NAME RAFFAELI, C. CATHLEEN
STREET ADDRESS 5 MILLER ROAD
CITY-ST-ZIP POUND RIDGE NY 10576 ☐ Delete

TITLE President/CEO
NAME C. Cathleen Raffaelli
STREET ADDRESS 120 Bloomingdale Rd
CITY-ST-ZIP New York, NY 10605 ☒ Change ☐ Addition

TITLE EVP
NAME SWITZER, JOSEPH F
STREET ADDRESS 320 MORNING PINE WAY
CITY-ST-ZIP ALPHARETTA GA ☒ Delete

TITLE EVP
NAME Caroline Vanderlip
STREET ADDRESS 120 Bloomingdale Rd
CITY-ST-ZIP New York, NY 10605 ☐ Change ☒ Addition

TITLE EVP
NAME SANDRY, JAMES V
STREET ADDRESS 5373 BLUE IRIS CT
CITY-ST-ZIP NORCROSS GA ☒ Delete

TITLE COO
NAME Gerard J. Lepore
STREET ADDRESS 4450 River Green Pkwy
CITY-ST-ZIP Duluth, GA 30096 ☐ Change ☒ Addition

TITLE S
NAME ALTENBACH, JAMES S
STREET ADDRESS 512 RESTON MILL LN
CITY-ST-ZIP MARIETTA GA ☐ Delete

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

TITLE VPT
NAME BOYLSTON, WAYNE
STREET ADDRESS 244 UNITY DR
CITY-ST-ZIP MARIETTA GA ☒ Delete

TITLE Ass't Secretary
NAME Sandra Cuttler
STREET ADDRESS 4450 River Green Pkwy
CITY-ST-ZIP Duluth, GA 30096 ☐ Change ☒ Addition

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: Sandra Cuttler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
Date

770 291 7000
Daytime Phone #

CR2E034 (10/00)