

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90016 005 \*\*\*150.00

**DOCUMENT # F98000003126**

1. Entity Name

**CFN FINANCE, INC.**

Principal Place of Business

**4450 RIVER GREEN PARKWAY, SUITE 100  
 DULUTH GA 30096**

Mailing Address

**1776 PEACHTREE RD NW  
 SUITE 700 NORTH TOWER  
 ATLANTA GA 30309**

2. Principal Place of Business

**1601 Chestnut Street**

3. Mailing Address

**1601 Chestnut Street**

Suite, Apt. #, etc.

**TL 20 J**

Suite, Apt. #, etc.

**TL 20 J**

City & State

**Philadelphia, PA**

City & State

**Philadelphia, PA**

Zip

**19103**

Country

Zip

**19103**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-2091687**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAFFAELI, C CATHLEEN</b>	NAME	<b>PRES / DIRECTOR</b>
STREET ADDRESS	<b>120 BLOOMINGDALE RD 3RD FLOOR</b>	STREET ADDRESS	<b>CAROLINE L. VANDERLIP</b>
CITY-ST-ZIP	<b>WHITE PLAINS NY 10605</b>	CITY-ST-ZIP	<b>1133 Ave of Americas</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<b>NEW YORK, NY 10036</b>
NAME	<b>PCEO</b>	NAME	<b>TREASURER</b>
STREET ADDRESS	<b>RAFFAELI, C CATHLEEN</b>	STREET ADDRESS	<b>KENNETH R. GARRETT</b>
CITY-ST-ZIP	<b>120 BLOOMINGDALE RD 3RD FLOOR</b>	CITY-ST-ZIP	<b>1601 Chestnut St</b>
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<b>Phila, PA 19103</b>
NAME	<b>EV</b>	NAME	<b>ASSISTANT SECRETARY</b>
STREET ADDRESS	<b>REDDY, LISA</b>	STREET ADDRESS	<b>John M. Buckley</b>
CITY-ST-ZIP	<b>1776 PEACHTREE RD NW STE 700 N TOWER</b>	CITY-ST-ZIP	<b>1601 Chestnut Street</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Phila, PA 19103</b>
NAME	<b>VP</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>PAYNE, JAMES</b>	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>4450 RIVER GREEN PKWY STE 100</b>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEPORE, GERARD</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4450 RIVER GREEN PKWY STE 100</b>	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>DULUTH GA 30096</b>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S</b>	NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>CUTLER, SANDRA</b>	STREET ADDRESS	<b>LOUIS F. IACOVELLI</b>
CITY-ST-ZIP	<b>4450 RIVER GREEN PKWY STE 100</b>	CITY-ST-ZIP	<b>1601 Chestnut St</b>
	<b>DULUTH GA 30096</b>		<b>Phila, PA 19103</b>

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:

**John M. Buckley** 4/23/2002 215-640-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)