

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90001 012 \*\*\*150.00

**DOCUMENT # F98000003201**

1. Corporation Name

**EFS FINANCE CO., INC.**



Principal Place of Business

% JOSEPHSON. GOLDEN & CO.  
25 W. 45TH STREET. SUITE 1203  
NEW YORK NY 10036

Mailing Address

% JOSEPHSON. GOLDEN & CO.  
25 W. 45TH STREET. SUITE 1203  
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/05/1998**

2. Principal Place of Business

**21 19 CITE 'BETENWIES**

Suite, Apt. #, etc.

**22 L-8479 EICHEN**

City & State

**23 GRAND-DUCHE' DE LUXEMBOURG**

Zip

**24 25 LUXEMBOURG**

Country

**25 LUXEMBOURG**

2a. Mailing Address

**26 C/o JOSEPHSON & COMPANY**

Suite, Apt. #, etc.

**27 25 W. 45TH STREET SUITE 1203**

City & State

**28 NEW YORK NY**

Zip

**29 10036**

Country

**30 USA**

4. FEI Number

**13-3810081**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTCD** ☐ DELETE

NAME **MEYER, JEAN**

STREET ADDRESS **RUE DU VILLAGE 43, L-7416 BROUCH**

CITY-ST-ZIP **LUXEMBOURG, EUROPE**

TITLE **VCDV** ☐ DELETE

NAME **MEYER, CLAUDE**

STREET ADDRESS **RUE DU LINGENTHAL 3, B-6700 WALTZING**

CITY-ST-ZIP **BELGIUM, EUROPE**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

618268-90001-12  
F98000003201  
JOSEPHSON & COMPANY, CPA, P.C.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

25 WEST 45TH STREET SUITE 1203  
NEW YORK, NEW YORK 10036  
TEL: (212) 398-1500 FAX: (212) 398-8618  
EMAIL: CONSULT@JOSEPHSONCO.COM

September 14, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL. 32302-1500

Re: EFS Finance Co., Inc.  
Document # F98000003201

Dear Division of Corporation Representative:

Enclosed is the following:

1. Corporation Annual Report.
2. Check in the amount of \$150.00

Please abate the penalty of \$400.00, as we did not receive your first notice. We appreciate your consideration.

If you have any questions, you may reach me at 212-398-1500 x22.

Thank You.



Mark Josephson, CPA