## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F98000006940 May 23, 2000 8:00 am Secretary of State 1. Entity Name CAPITAL ASSET RESEARCH FUNDING 1998-A INC. 05-23-2000 90252 001 \*\*\*150.00 Principal Place of Business Mailing Address 3950 RCA BLVD. SUITE 5001 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-4227 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0881580 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE TILLEY, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 113 KING STREET CITY-ST-ZIP CITY-ST-ZIP ARMONK NY 10504 ☐ Change ☐ Addition Delete TITLE TITLE NAME HAMILTON, GEORGE R NAME STREET ADDRESS STREET ADDRESS 3950 RCA BLVD. SUITE 5001 CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL-334+0 Addition ☐ Change TITLE Delete TITLE GORANSSON, BARBARA G NAME NAME STREET ADDRESS STREET ADDRESS 3950 RCA BLVD. SUITE 5001 CITY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change Addition Delete TITLE TITLE TREADWELL, KENNETH A NAME STREET ADDRESS STREET ADDRESS 3950 RCA BLVD. SUITE 5001 CITY-ST-ZIP CITY-3T-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition TITLE Delete TITLE NAME GREETHAM: DONALD E NAME STREET ADDRESS 9950 RCA BLVD: SUITE-5001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH CARDENS FL 33410 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BILOTTA, FRANK B NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TWO WALL STREET

**NEW YORK NY 10005** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR