

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006940**

1. Entity Name  
**CAPITAL ASSET RESEARCH FUNDING 1998-A INC.**



Principal Place of Business  
**3960 RCA BLVD. SUITE 6002  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**3960 RCA BLVD. SUITE 6002  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0881580**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000125738  
04/23/04-80004-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WERTHEIM, RAM
STREET ADDRESS	113 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	VP
NAME	GUNDERSEN, GEORGE G
STREET ADDRESS	3950 RCA BLVD. SUITE 5001
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VP
NAME	BUDNICK, NEIL G
STREET ADDRESS	113 KING STREET
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	P
NAME	WENTWORTH, BRUCE R
STREET ADDRESS	2 CORPORATE DRIVE 3RD FLOOR
CITY-ST-ZIP	SHELTON, CT 06848
TITLE	D
NAME	ABEDINE, BENJAMIN B
STREET ADDRESS	48 WALL STREET 27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	CHRISTIENSEN, DEAN A
STREET ADDRESS	48 WALL STREET 27TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10005

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IN THIS SPACE**

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

*4/22/04*

Date

*(866) 279-6428*

Daytime Phone #