

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000790

1. Entity Name

WAJAX FINANCE, INC.

Principal Place of Business

650 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address

650 CIT DRIVE
LIVINGSTON NJ 07039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-2066863

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

(NOT

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 PD
NAME NULLMEYER, BRADLEY
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, ONT, CANADA ☐ Delete

TITLE P/D
NAME Bradley Nullmeyer
STREET ADDRESS 650 CIT Drive
CITY-ST-ZIP Livingston NJ 07039 ☒ Change ☐ Addition

TITLE EVC
NAME ROSIAK, BORDEN D
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, ONT, CANADA ☒ Delete

TITLE T
NAME Glenn Votek
STREET ADDRESS 650 CIT Drive
CITY-ST-ZIP Livingston NJ 07039 ☐ Change ☒ Addition

TITLE D
NAME BURNS, JAMES M
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, ONT, CANADA ☒ Delete

TITLE S
NAME Eric Mandelbaum
STREET ADDRESS 650 CIT Drive
CITY-ST-ZIP Livingston NJ 07039 ☐ Change ☒ Addition

TITLE AT
NAME BROWER, MARK
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, ONT. CANADA ☒ Delete

TITLE V
NAME Michael Imrie
STREET ADDRESS 650 CIT Drive
CITY-ST-ZIP Livingston NJ 07039 ☐ Change ☒ Addition

TITLE DFT
NAME RODGERS, WILLIAM
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON, ONT. CANADA ☒ Delete

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

TITLE DSIT
NAME DEVICO, LOUIS
STREET ADDRESS 650 CIT DRIVE
CITY-ST-ZIP LIVINGSTON ONTARIO CANADA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 no 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Votek

Date

Daytime Phone #

973-740-5000

CR2E034 (10/00)