

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003385**

1. Entity Name

OWNER-OPERATOR FINANCE COMPANY**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 021 ***550.00

Principal Place of Business

**650 CIT DRIVE
LIVINGSTON NJ 07039**

Mailing Address

**650 CIT DRIVE
LIVINGSTON NJ 07039****A0071664**

DO NOT WRITE IN THIS SPACE

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 **35-2078582**

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.)

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BANKS, DAVID F	
STREET ADDRESS	207 QUEENS QUAY WEST, SUITE 700	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MULLMEYER, BRADLEY D	
STREET ADDRESS	2 GATEHALL DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	IMRIE, W. MICHAEL	
STREET ADDRESS	111 MONUMENT CIRCLE, SUITE 2700	
CITY-ST-ZIP	INDIANAPOLIS IN 46204-5122	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL A	
STREET ADDRESS	2 GATEHALL DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MOORE, SCOTT J	
STREET ADDRESS	2 GATEHALL DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, JOHN P	
STREET ADDRESS	207 QUEENS QUAY WEST SUITE 700	
CITY-ST-ZIP	TORONTO ONTARIO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Shanahan	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley Nullmeyer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Beroza	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Votek	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	Livingston NJ 07039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report, or on an attachment with an address, with all other like empowered.

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Votek

Date

Daytime Phone #

973-740-5000