


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # F99000003385</b> 1. Entity Name <b>OWNER-OPERATOR FINANCE COMPANY</b>		
Principal Place of Business <b>1 CIT DRIVE LIVINGSTON NJ 07039</b>		Mailing Address <b>1CIT DRIVE 1320-1 LIVINGSTON NJ 07039</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip

FILED  
 04 MAY -7 AM 11:43  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number <b>35-2078582</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>600035752346</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME <b>KELLER, ROY</b>	TITLE	NAME
	STREET ADDRESS <b>1540 W. FOUNTAINHEAD PKWY</b>		STREET ADDRESS
	CITY-ST-ZIP <b>TEMPE AZ 85282</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVPD	NAME <b>INGATO, ROBERT J</b>	TITLE	NAME
	STREET ADDRESS <b>1 CIT DRIVE</b>		STREET ADDRESS
	CITY-ST-ZIP <b>LIVINGSTON NJ 07039</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS	NAME <b>SEUFERT, LINDA M</b>	TITLE	NAME
	STREET ADDRESS <b>1 CIT DRIVE</b>		STREET ADDRESS
	CITY-ST-ZIP <b>LIVINGSTON NJ 07039</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME <b>GLENN, VOTEK</b>	TITLE	NAME
	STREET ADDRESS <b>1 CIT DRIVE</b>		STREET ADDRESS
	CITY-ST-ZIP <b>LIVINGSTON NJ 07039</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME <b>ABBATE, THOMAS L</b>	TITLE	NAME
	STREET ADDRESS <b>1 CIT DRIVE</b>		STREET ADDRESS
	CITY-ST-ZIP <b>LIVINGSTON NJ 07039</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS	NAME <b>MANDELBAUM, ERIC S</b>	TITLE	NAME
	STREET ADDRESS <b>1 CIT DRIVE</b>		STREET ADDRESS
	CITY-ST-ZIP <b>LIVINGSTON NJ 07039</b>		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Seufert **LINDA SEUFERT, ASST. SECY.** 4/30/2004 (973) 740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #