

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99000003385

1. Entity Name

OWNER-OPERATOR FINANCE COMPANY



FILED

04 MAY -7 AM 11:43

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DRIVE
LIVINGSTON NJ 07039

Mailing Address

1 CIT DRIVE
1320-1
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

35-2078582

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

7. Name and Address of New Registered Agent

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. 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

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

TITLE NAME ☐ Delete
P KELLER, ROY
STREET ADDRESS 1540 W. FOUNTAINHEAD PKWY
CITY-ST-ZIP TEMPE AZ 85282

TITLE NAME ☐ Delete
EVPD INGATO, ROBERT J
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE NAME ☐ Delete
AS SEUFERT, LINDA M
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE NAME ☐ Delete
TD GLENN, VOTEK
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE NAME ☐ Delete
D ABBATE, THOMAS L
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE NAME ☐ Delete
VPS MANDELBAUM, ERIC S
STREET ADDRESS 1 CIT DRIVE
CITY-ST-ZIP LIVINGSTON NJ 07039

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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