

2007 FOR PROFIT CORPORATION ANNUAL REPORT

156

DOCUMENT # F99000003385

1. Entity Name
OWNER-OPERATOR FINANCE COMPANY



FILED

07 MAY 23 PM 1:40

ALL ANASSEE, FLORIDA



Principal Place of Business

1 CIT DRIVE
LIVINGSTON, NJ 07039

Mailing Address

1CIT DRIVE
1320-1
LIVINGSTON, NJ 07039

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032007

Chg-P

CR2E034 (12/06)

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. 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RIECKS, RONALD
1540 W. FOUNTAINHEAD PKWY
TEMPE, AZ 85282

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500103905525
06/05/07--01015--009 ***4550.00

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature]

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. SEUFERT

5/4/07 973-740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #