2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003385

Entity Name: OWNER-OPERATOR FINANCE COMPANY

FILED Apr 09, 2008 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
1 CIT DRIVE LIVINGSTON, NJ 07039							
Current Mailing Address:				New Mailing Address:			
1CIT DRIVE 1320-1 LIVINGSTON, NJ 07039				1CIT DRIVE 2108-A LIVINGSTON, NJ 07039			
FEI Number: 35-2078582 FEI Number Applied For () F			FEI Nun	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:							
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing [*]	Frust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () C RIECKS, RONALI 1540 W. FOUNTA TEMPE, AZ 8528	INHEAD PKWY		Title: Name: Address: City-St-Zip:	PRES (X) C JAY, DESMARTEA 505 FIFTH AVENU NEW YORK, NY	JE	
Title: Name: Address: City-St-Zip:	EVPD () DINGATO, ROBER 1 CIT DRIVE LIVINGSTON, NJ			Title: Name: Address: City-St-Zip:	() CI	hange()Addition	
Title: Name: Address: City-St-Zip:	AS () Delete SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039			Title: Name: Address: City-St-Zip:	A/S (X) C SEUFERT, LINDA 1 CIT DRIVE LIVINGSTON, NJ		
Title: Name: Address: City-St-Zip:	TD () C GLENN, VOTEK 1 CIT DRIVE LIVINGSTON, NJ	07039		Title: Name: Address: City-St-Zip:	TR/D (X) C GLENN, VOTEK 1 CIT DRIVE LIVINGSTON, NJ	Change () Addition	
Title: Name: Address: City-St-Zip:	VPS () C MANDELBAUM, E 1 CIT DRIVE LIVINGSTON, NJ			Title: Name: Address: City-St-Zip:	VP/S (X) C MANDELBAUM, E 1 CIT DRIVE LIVINGSTON, NJ		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. SEUFERT A/S 04/09/2008