

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90578 025 ****50.00

DOCUMENT # M01000000797

1. Entity Name

NATIONAL CANADA FINANCE LLC

Principal Place of Business

**125 WEST 55TH ST.
NEW YORK NY 10019**

Mailing Address

**125 WEST 55TH ST.
NEW YORK NY 10019**

2. Principal Place of Business

125 West 55th St.

Suite, Apt. #, etc.

23rd Floor

3. Mailing Address

125 West 55th St.

Suite, Apt. #, etc.

23rd Floor

City & State

New York, NY

City & State

New York, NY

Zip

10019

Country

USA

Zip

10019

Country

USA

4. FEI Number

13-4164836

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **Director** ☐ Delete

NAME **Donna Goral**
STREET ADDRESS **125 West 55th, 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE **Director** ☐ Delete

NAME **Lina Tomac**
STREET ADDRESS **125 West 55th St., 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE **Chairman & President** ☒ Delete

NAME **Yvon Laplante**
STREET ADDRESS **125 West 55th, 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE **VP & Secretary** ☐ Delete

NAME **Donna Goral**
STREET ADDRESS **125 West 55th, 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE **Vice President** ☐ Delete

NAME **Lynn Forgosh**
STREET ADDRESS **125 West 55th, 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

TITLE **Vice President** ☐ Delete

NAME **Chuck McHugh**
STREET ADDRESS **125 West 55th St., 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Richard Bonvicino, VP & Controller 04/22/02 (212) 632-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)