

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90096 047 \*\*\*\*\*50.00

**DOCUMENT # M01000000797**

1. Entity Name

**NATIONAL CANADA FINANCE LLC**



Principal Place of Business

**125 WEST 55TH ST.  
23RD FL  
NEW YORK NY 10019**

Mailing Address

**125 WEST 55TH ST.  
23RD FL  
NEW YORK NY 10019**

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 **13-4164836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete  
NAME **GORAL, DONNA**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Change ☒ Addition  
NAME **SERGE LACROIX**  
STREET ADDRESS **125 WEST 55th Street,**  
CITY-ST-ZIP **New York, NY 10019**

TITLE **D** ☒ Delete  
NAME **TOMAC, LINDA**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ Change ☒ Addition  
NAME **MONIQUE BAILLERGEAU**  
STREET ADDRESS **125 WEST 55th Street**  
CITY-ST-ZIP **New York, NY 10019**

TITLE **P** ☐ Delete  
NAME **LAPLANTE, YVON**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **VPS** ☐ Delete  
NAME **GORAL, DONNA**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **VP** ☒ Delete  
NAME **FORGOSH, LYNN**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **VP** ☐ Delete  
NAME **MCHUGH, CHUCK**  
STREET ADDRESS **125 WEST 55TH, 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

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**

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

**9/9/03**

**(212) 632-8693**

Date

Daytime Phone #

CR2E083 (4/03)