

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # M98000000658

1. Entity Name  
AMERICAN EXPRESS CAPITAFINANCE L.L.C.

Principal Place of Business

~~2 GATEHALL DRIVE~~  
~~PARSIPPANY NJ 07054~~

Mailing Address

200 VESEY STREET  
NEW YORK NY 10285-1000-4601

2. Principal Place of Business

900 Lanidex Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd FL.

City & State

Parsippany, NJ

City & State

4. FEI Number

22-3491762

Applied For

Not Applicable

Zip

Country

Zip

Country

07054

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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

9. MANAGING MEMBERS/MEMBERS.

TITLE MGRM  
NAME ALESIO, STEVEN  
STREET ADDRESS AMERICAN EXPRESS TOWER WORLD FINANCIAL CT  
CITY-ST-ZIP NEW YORK NY 10285

TITLE MGRM  
NAME GUPTA, ASH  
STREET ADDRESS AMERICAN EXPRESS TOWER, WORLD FINANCIAL CT  
CITY-ST-ZIP NEW YORK NY 10285

TITLE MGRM  
NAME SCHLUMPF, DICK  
STREET ADDRESS AMERICAN EXPRESS TOWER, WORLD FINANCIAL CT  
CITY-ST-ZIP NEW YORK NY 10285

TITLE MGRM  
NAME DEBERNARDI, MICHAEL A  
STREET ADDRESS 44 WHIPPANY ROAD  
CITY-ST-ZIP MORRISTOWN NJ 07962

TITLE MGRM  
NAME INGATO, ROBERT J  
STREET ADDRESS 44 WHIPPANY ROAD  
CITY-ST-ZIP MORRISTOWN NJ 07962

TITLE MGRM  
NAME SADEGHI, MANI A  
STREET ADDRESS 44 WHIPPANY ROAD  
CITY-ST-ZIP MORRISTOWN NJ 07962

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003284001--8  
-06/12/00--01008--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Member

Date

Daytime Phone #

4/100 212-640-3250

CR21:083 (9/99)