

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M99000000522

1. Entity Name

NCT FUNDING COMPANY, L.L.C.



FILED

04 MAY -7 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1 CIT DRIVE  
LIVINGSTON NJ 07039

Mailing Address

1 CIT DRIVE  
1320-1  
LIVINGSTON NJ 07039

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 22-3634034

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



MOORE CR2E083 (11/03)

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)

800035752328  
05/07/04--01047--001 \*\*3250.00

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE D ☒ Delete  
NAME CHRISTIANSEN, DEAN A  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

TITLE D ☐ Delete  
NAME ABEDINE, BENJAMINE B  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

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

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

TITLE VS ☐ Delete  
NAME MANDELBAUM, ERIC  
STREET ADDRESS 1 CIT DRIVE  
CITY-ST-ZIP LIVINGSTON NJ 07039

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

10. ADDITIONS/CHANGES

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME ORLANDO FIGUEROA  
STREET ADDRESS C/O LORD SECURITIES, 48 WALL ST.  
CITY-ST-ZIP NEW YORK, NY 10005

TITLE ☒ Change ☐ Addition  
NAME C/O LORD SECURITIES, 48 WALL ST.  
STREET ADDRESS NEW YORK, NY 10005  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LINDA SEUFERT, ASST. SECY. 4/30/2004 (973) 740-5796