

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90122 015 \*\*\*\*50.00

**DOCUMENT # M99000000522**

1. Entity Name

**NCT FUNDING COMPANY, L.L.C.**



Principal Place of Business

Mailing Address

**650 CIT DRIVE  
LIVINGSTON NJ 07039**

**650 CIT DRIVE  
LIVINGSTON NJ 07039**

2. Principal Place of Business

**1 CIT DRIVE**

3. Mailing Address

**1 CIT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1320-1**

City & State

**LIVINGSTON, NJ**

City & State

**LIVINGSTON, NJ**

Zip

**07039**

Country

**USA**

Zip

**07039**

Country

**USA**

4. FEI Number

**22-3634034**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SORENSEN, PETER H  
650 CIT DRIVE  
LIVINGSTON NJ 07039** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
DEAN A. CHRISTIANSEN  
1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JENKINS, DWIGHT  
650 CIT DRIVE  
LIVINGSTON NJ 07039** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
BENJAMINE B. ABEDINE  
1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
NULLMEYER, BRADLEY  
650 CIT DRIVE  
LIVINGSTON NJ 07039** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EXEC. VICE PRESIDENT  
ROBERT J. INGATO  
1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASST. SECRETARY  
LINDA M. SEUFERT  
1 CIT DRIVE  
LIVINGSTON, NJ 07039** ☐ Change ☒ Addition

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:

*Linda M. Seufert*  
**SEUFERT**

Date

**8/13/03**

Daytime Phone #

**973 740 5796**

CR2E083 (4/03)