

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05707**

1. Corporation Name  
**AUTRANET, INC.**

Principal Place of Business

C/O DLJ INC  
277 PARK AVE. 35TH FL  
NEW YORK NY 10172  
US

Mailing Address

C/O DLJ INC  
277 PARK AVE. 35TH FL  
NEW YORK NY 10172  
US

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90091 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/18/1985**

4. FEI Number

**13-2961507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 c/o DLJ, Inc. Attn:Corp Tax  
Suite, Apt. #, etc.

26 c/o DLJ, Inc. Attn:Corp Tax  
Suite, Apt. #, etc.

22 277 Park Ave.

27 277 Park Ave.

City & State

City & State

23 New York, N.Y.

28 New York, N.Y.

Zip Country

Zip Country

24 10172 25 USA

29 10172 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
DEWEY, ROBERT M  
1 PERSHING PLAZA  
JERSEY CITY NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
FONTANA, VICTOR J.  
1 PERSHING PLAZA  
JERSEY CITY NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BOYD, MICHAEL A.  
277 PARK AVENUE  
NEW YORK NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PUGLISI, LARRY  
1 PERSHING PLAZA  
JERSEY CITY NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
FORTE, LUGENE  
1 PERSHING PLAZA  
JERSEY CITY NJ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
WHITE, MARJORIE S  
277 PARK AVENUE  
NEW YORK NY 10172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
277 Park Ave.  
New York, N.Y. 10172

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
277 Park Ave.  
New York, N.Y. 10172

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Vice President & Tax Manager  
Mark A. Competiello  
277 Park Ave.  
New York, N.Y. 10172

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
277 Park Ave.  
New York, N.Y. 10172

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Mark A. Competiello**  
Vice President & Tax Manager  
Janaury 21, 1999 212-892-4939

CR2E034 (1/98)