


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21231</b> 1. Entity Name AT&T AUTOMOTIVE SERVICES, INC.	
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Principal Place of Business 1 CIT DRIVE MAILSTOP 1320-A LIVINGSTON, NJ 07039 US	Mailing Address 1 CIT DRIVE MAILSTOP 1320-A LIVINGSTON, NJ 07039 US
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**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2908743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUMM, WILLIAM L 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VOTEK, GLENN A 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP INGATO, ROBERT J 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MANDELBAUM, ERIC S 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBATE, THOMAS L 1 CIT DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEUFERT, LINDA M 1 CIT DRIVE LIVINGSTON, NJ 07039

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Seufert **LINDA SEUFERT** 4/28/05 973.740.5796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #