

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91179 029 \*\*\*550.00

**DOCUMENT # P28236**

1. Entity Name

**AT&T CREDIT CONSUMER FINANCE CORPORATION**

Principal Place of Business

650 CIT DRIVE  
 LIVINGSTON NJ 07039  
 US

Mailing Address

650 CIT DRIVE  
 LIVINGSTON NJ 07039  
 US

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 **22-3014155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANKS, DAVID F	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL A	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	D	<input type="checkbox"/> Delete
NAME	NULMEYER, BRADLEY D	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, STEVEN K	
STREET ADDRESS	2 GATEHALL DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NULMEYER, BRADLEY D	
STREET ADDRESS	2 GATEHALL DR.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	JAUERNIG, DANIEL A	
STREET ADDRESS	2 GATEHALL DR.	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Hammill	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Schofield	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley Nullmeyer	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ingato	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Votek	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Trump	
STREET ADDRESS	650 CIT Drive	
CITY-ST-ZIP	LIVINGSTON NJ 07039	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Votek

Date

Daytime Phone #

973-740-5000

CR2E034 (10/00)