

**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 Mailing Address  
**650 CIT DRIVE 650 CIT DRIVE**  
**LIVINGSTON NJ 07039 LIVINGSTON NJ 07039**  
**US US**

**A0071630**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **22-3014155** Applied For  
 Not Applicable

Zip Country Zip Country  
 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 \_\_\_\_\_ (NOT) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be **\$550.00**  
 (See criteria on back)  **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	<b>BANKS, DAVID F</b>	
STREET ADDRESS	<b>2 GATEWAY DRIVE</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>JAUERNIG, DANIEL A</b>	
STREET ADDRESS	<b>2 GATEWAY DRIVE</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NULMEYER, BRADLEY D</b>	
STREET ADDRESS	<b>2 GATEWAY DRIVE</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	<b>HUDSON, STEVEN K</b>	
STREET ADDRESS	<b>2 GATEHALL DRIVE</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>NULMEYER, BRADLEY D</b>	
STREET ADDRESS	<b>2 GATEHALL DR.</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	<b>JAUERNIG, DANIEL A</b>	
STREET ADDRESS	<b>2 GATEHALL DR.</b>	
CITY-ST-ZIP	<b>PARSIPPANY NJ 07054</b>	

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

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 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: **Glenn Votek** Date \_\_\_\_\_ Daytime Phone # **973-740-5000**

CR2E034 (10/00)