

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90449 013 \*\*\*150.00

**DOCUMENT # P39933**

**1. Entity Name**  
**COMMERCIAL PROPERTIES FUNDING CORPORATION**

**Principal Place of Business**  
**ATTN: LEGAL OPERATIONS-CRE**  
**260 LONG RIDGE ROAD**  
**STAMFORD CT 06927**

**Mailing Address**  
**DEPT. 8109**  
**260 LONG RIDGE RD.**  
**STAMFORD CT 06927-9621**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**06-1326463**

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**

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!!! FEE IS \$150.00**  
**After May 1, 2002 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	C	<input checked="" type="checkbox"/> Delete
NAME	DETERDING, J.C.	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRAIZER, M.D.	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENRY, D.B.	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	AMBLE, J.C.	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAXER, R.A.	
STREET ADDRESS	209 WEST JACKSON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARTINDALE, DAVID R.	
STREET ADDRESS	260 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	

TITLE	VP-TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Fiammetta	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Aldert	
STREET ADDRESS	292 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pfeiffer	
STREET ADDRESS	292 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE	Asst Treas. TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 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

**DONNA M. FIAMMETTA**

Date

**203-357-4544**

Daytime Phone #

CR2E034 (9/01)