

6/1/

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-01-2001 90005 036 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000071586**

1. Entity Name
CAT FUNDING, INC.

CR

Principal Place of Business
**1878 PIEDMONT RD
ATLANTA GA 30324
US**

Mailing Address
**4095 EMBASSY DR
GRAND RAPIDS MI 49546
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **58-2197281**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ELSBERRY, MICHAEL V
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

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 *See attached change form* X *Joseph both* *6/21/01*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-issuing) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Receiver <input type="checkbox"/> Delete STENGER, PHILLIP 4095 EMBASSY DR. SE GRAND RAPIDS MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Phillip Stenger* *5/23/01* *616-940-1190*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc# P95000071586

Requester's Name
Address
City/State/Zip Phone #

P950000715868869

300003509203--7
-12/20/00--01078--017
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

00 DEC 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

P95-000071586
RA CM
12-20-00
CM

Examiner's Initials

Attachment Doc # P95000071586



5869

CERTIFICATE OF CHANGE OF REGISTERED AGENT/REGISTERED OFFICE OF C4T FUNDING, INC.

Pursuant to the provisions of Section 607.0502, Florida Statutes, C4T FUNDING, INC., a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

C4T FUNDING, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry
215 North Eola Drive
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of ~~September~~^{November}, 2000.

C4T FUNDING, INC., a Florida corporation

By: 
Phillip S. Stenger, Receiver

FILED
00 DEC 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment Doc# P95000071586

8869



ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of C4T FUNDING, INC.

CT Corporation System

By: Vicky Goldstein

Printed Name: VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY