



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000074295		2. Name of Corporation VT FINANCE, INC			
3. Street Address Principal Business Office 3950 REGENT BLVD			City IRVING	State TX	Zip 75063
4. Business Phone No. 813-604-8112		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FINANCE COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT COOK			Vice President Name LISA HOFFMAN		
Street Address 3950 REGENT BLVD			Street Address 3800 CITIGROUP CENTER DRIVE		
City IRVING	State TX	Zip 75063	City TAMPA	State FL	Zip 33610
Secretary Name ROBERT JOVEN			Treasurer Name ANDREW CRAIG		
Street Address 3950 REGENT BLVD			Street Address 153 EAST 53RD ST		
City IRVING	State TX	Zip 75063	City NEW YORK	State NY	Zip 10022
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT COOK			Director Name ROBERT JOVEN		
Street Address 3950 REGENT BLVD			Street Address 3950 REGENT BLVD		
City IRVING	State TX	Zip 75063	City IRVING	State TX	Zip 75063
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 250	Class/Series COMMON	Par Value 100.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	2-18-09
Check No.	5113414686
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Lisa A. Hoffman Date: 2.17.09
Print or Type Name: Lisa A. Hoffman
Title: VP