



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 123292		2. Name of Corporation Cendant Mobility Government Financial Services Corporation			
3. Street Address Principal Business Office 40 APPLE RIDGE ROAD			City DANBURY	State CT	Zip 06810-
4. Business Phone No. 9734968356		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, TAKE ASSIGNMENT OF, ACQUIRE, OWN, HOLD, SELL, ASSIGN RECEIVABLES AND OTHER RIGHTS AND INTERESTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (BY BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard A. Smith			Vice President Name Joseph J. Huber		
Street Address 1 Campus Drive			Street Address 1 Campus Drive		
City Parsippany	State NJ	Zip 07054	City Parsippany	State NJ	Zip 07054
Secretary Name Eric J. L. bock			Treasurer Name David B. Wyshner		
Street Address 9 West 57th Street			Street Address 1 Capus Drive		
City New York	State NY	Zip 10019	City Parsippany	State NJ	Zip 07054
9. NAMES AND ADDRESSES OF THE DIRECTORS (BY BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Buckman			Director Name Richard A. Smith		
Street Address 9 West 57th Street			Street Address 1 Campus Drive		
City New York	State NY	Zip 10019	City Parsippany	State NJ	Zip 07054
Director Name Andrew L. Stidd			Director Name		
Street Address 114 West 47th Street, Suite 1715			Street Address		
City New York	State NY	Zip 10036	City	State	Zip
10. SHARES AUTHORIZED (BY BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	\$0.001 PAR VALUE	1,000	Common	.001

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date 3 FEB 8 2005 9 36 26 4

Check No. _____

By: LB

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 of Officer Joseph J. Huber Date 2/24/05

Print or Type Name of Officer
Joseph J. Huber
Vice President, Tax

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State



Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 123292		2. Name of Corporation Cendant Mobility Government Financial Services Corporation			
3. Street Address Principal Business Office 40 Apple Ridge Road			City Danbury	State CT	Zip 06810
4. Business Phone No. 973-496-8356		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, TAKE ASSIGNMENT OF, ACQUIRE, OWN, HOLD, SELL, ASSIGN RECEIVABLES AND OTHER RIGHTS AND INTERESTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard A. Smith			Vice President Name Richard S. Meisner		
Street Address 1 Campus Drive			Street Address 1 Campus Drive		
City Parsippany	State NJ	Zip 07054	City Parsippany	State NJ	Zip 07054
Secretary Name Eric J. Bock			Treasurer Name David B. Wyshner		
Street Address 9 W. 57th St. , 37th FL			Street Address 1 Campus Drive		
City New York	State NY	Zip 10019	City Parsippany	State NJ	Zip 07054
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Buckman			Director Name Richard A. Smith		
Street Address 9 West 57th St. 37th FL			Street Address 1 Campus Drive		
City New York	State NY	Zip 10019	City Parsippany	State NJ	Zip 07054
Director Name Andrew L. Stidd			Director Name		
Street Address Global Securitization Services, LLC			Street Address		
City 114 W 47th ST. New York	State NY	Zip 10036	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.001 PAR VALUE			1,000	Common	.001

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 3 2 9 2 *

File Date 2/11/04
Check No. 722254
By: KS
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 of Officer [Signature] Date 2/4/04
Richard S. Meisner
Print or Type Name of Officer
SVP & Assist. Secty.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **123292** 2. Name of Corporation **Cendant Mobility Government Financial Services Corporation**
3. Street Address Principal Business Office **40 Apple Ridge Road** City **Danbury** State **CT** Zip **06810**
4. Business Phone No. 5. State of Incorporation **DELAWARE** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Securitization

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Richard Smith Street Address 1 Campus Drive City Parsippany State NJ Zip 07054	Vice President Name Joseph Huber Street Address 1 Campus Drive City Parsippany State NJ Zip 07054
Secretary Name Eric Bock Street Address 9 W. 57th St. -37th FL City New York State NY Zip 10019	Treasurer Name Duncan Cocroft Street Address (same as above) City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name James Buckman Street Address (same as above) City _____ State _____ Zip _____	Director Name Richard Smith Street Address (same as above) City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

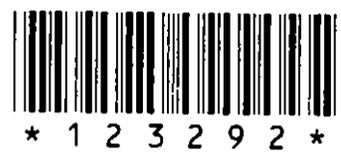
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.001 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 — .001

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2/8/03**
Check No.: **596333**
By: **[Signature]**
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 of Officer: **Joseph Huber** Date: **2/6/03**
Print or Type Name of Officer: **Joseph Huber**
Title of Officer: **VP, Tax**