2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # 164604 1. Entity Name AUTOLEASE CORPORATION OF FLORIDA 2-28-2001 90083 045 ***150.00 Mailing Address Principal Place of Business 701 FISK STREET 701 FISK STREET SUITE 310 SUITE 310 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEL Number 59-6081090 Not Applicable Country Ζίρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE M. MATHENY JR & PAMELA L. WIKER Street Address (P.O. Box Number is Not Acceptable) 701 FISK STREET 2ND FLOOR JACKSONVILLE FL 32204 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, Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change Addition ☐ Delete TITLE TITLE. MCRAE, W.A. JR. NAME NAME 1725 MEMORIAL PARK DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-7IP VD ☐ Change Addition ☐ Delete TITLE TITLE GRAHAM JR., HENRY H. NAME MAME 1725 MEMORIAL PARK DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY - ST - ZIP STDS ☐ Change ☐ Addition ☐ Delete TIT: E TITLE MATHENY, LAWRENCE M JR NAME NAME 701 FISK ST., STE, 200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE OLIVE, WILLIE MASON J NAME NAME **5203 WATERSIDE DRIVE** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZtP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE: Segment of typed on printed name of signing officer on director

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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