2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003
Secretary of State

DOCUMENT# 164604

Entity Name: AUTOLEASE CORPORATION OF FLORIDA

Current Principal Place of Business:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

701 RIVERSIDE PARK PLACE
SUITE 310
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-6081090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE M. MATHENY JR & PAMELA L. WIKER
701 RIVERSIDE PARK PLACE
2ND FLOOR
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	GRAHAM, HENRY H JR	
Address:	701 RIVERSIDE PARK PLACE, SUITE 310	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	P	( ) Delete
Name:	OLIVE, BILL M JR	
Address:	5203 WATERSIDE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32210 US	
Title:	STDS	( ) Delete
Name:	MATHENY, LAWRENCE M JR	
Address:	701 RIVERSIDE PARK PLACE, STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	DV	( ) Delete
Name:	WIMBERLY, GLYNN	
Address:	701 RIVERSIDE PARK PLACE, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	D	( ) Delete
Name:	HODGES, DAVID C JR	
Address:	701 RIVERSIDE PARK PLACE, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32204 US	
Title:	D	( ) Delete
Name:	MCRAE, WALTER M JR	
Address:	1725 MEMORIAL PARK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32204 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	HUGHES, CLIFFORD	
Address:	5203 WATERSIDE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32210 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY H. GRAHAM, JR. CD 03/25/2003
Electronic Signature of Signing Officer or Director — Date