

2002 UNIFORM BUSINESS REPORT

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91345 037 ***150.00

DOCUMENT # 808351
1. Entity Name
THE MOTORLEASE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1506 New Britain Ave Suite, Apt. #, etc.	3. Mailing Address 1506 New Britain Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Farmington, Ct. 06032	City & State Farmington, Ct. 06032	4. FEI Number 06-0805450	Applied For Not Applicable
Zip 06032	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name The Corporation Trust Co
Street Address (P.O. Box Number is Not Acceptable) 110 W. Forsyth St., Florida Title Bld
City Jacksonville FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Leary, J.M. 1506 New Britain Ave. Farmington, Ct	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Kandrysawtz, E.L. 1506 New Britain Ave. Farmington, Ct	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Ferraresso, R M 1506 New Britain Ave. Farmington, Ct	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/15/02** **860-677-9711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE/TIME