2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90073 045 ***150.00

DOCUMENT # 833944

1. Entity Name
SECURITY PACIFIC LEASING CORPORATION

Principal Place of Business	Mailing Address
NC1-021-02-20 401 N TRYON STREET CHARLOTTE NC 28255 US	NC1-021-02-20 401 N TRYON STREET CHARLOTTE NC 28255 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
555 California St	
Suite, Apt. #, etc.: 4th Floor	Suite, Apt. #, etc.
City & State: San Francisco Ca	City & State
Zip: 94104 Country	Zip Country: Mecklenburg

4. FEI Number 95-2928333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRIS, RICHARD V. 401 N TRYON STREET CHARLOTTE NC 28255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, THOMAS K. 401 N TRYON STREET CHARLOTTE NC 28255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HURD, RODNEY W 401 N TRYON STREET CHARLOTTE NC 28-2555	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV MROZ, GREG S 401 N TRYON STREET CHARLOTTE NC 28255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STARK, EDWARD J 401 N TRYON STREET CHARLOTTE NC 28255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, EDWARD J III 401 N TRYON STREET CHARLOTTE NC 28-2555	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [signature] 4-30-02 704.386-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Greg S. Mroz SVP Date Daytime Phone #