

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000102**

1. Entity Name

IHS LEASING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 PM 2:52

Principal Place of Business
1625 ROCKDALE LOOP
HEATHROW FL 32746

Mailing Address
~~1625 ROCKDALE LOOP~~
~~HEATHROW FL 32746-5332~~



2. Principal Place of Business

3. Mailing Address
4380 L.B. McLeod Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Orlando, FL

4. FEI Number **59-3487094**

Applied For
Not Applicable

Zip

Country

Zip
32811

Country
U.S.A.

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

THOMPSON, SCOTT C
215 N. EOLA DRIVE
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **444,664**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000002081**
NAME **IHS MANAGEMENT, INC.**
STREET ADDRESS **1625 ROCKDALE LOOP**
CITY - ST - ZIP **HEATHROW FL 32746**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **ADM 414.99**
STREET ADDRESS **AR 437.50**
CITY - ST - ZIP **AR SUPP 88.75**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **941.24**
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP **MR 9/13**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **RISERBER VOGEL**

6-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/93)