

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90141 030 ***150.00

00001671



DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000003709
 1. Entity Name
ALLSTATE LEASING, INC.

Principal Place of Business 9428 REISTERSTOWN ROAD OWINGS MILLS MD 21117	Mailing Address 9428 REISTERSTOWN ROAD OWINGS MILLS MD 21117
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 52-0903580	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2001 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 C SMITH, DAVID D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 WALKER AVENUE BALTIMORE MD 21208		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME CEO FADER, STEVEN B	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 WALKER AVENUE BALTIMORE MD 21208		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME DV FADER, JEROME H	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 23 WALKER AVENUE BALTIMORE MD 21208		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME P BARON, BRENT Z	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9428 REISTERSTOWN ROAD OWINGS MILLS MD 21117		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME S ROSSMARK, GAIL K	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9428 REISTERSTOWN ROAD OWINGS MILLS MD 21117		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME T KING, PAUL N	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9428 REISTERSTOWN ROAD OWINGS MILLS MD 21117		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Paul N. King, Treasurer* **Paul N. King, Treasurer** 1/2/01 410-363-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)