

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 008 ***150.00

DOCUMENT # F99000005591

1. Entity Name
EQUILEASE FINANCIAL SERVICES, INC.

Principal Place of Business 50 WASHINGTON ST 1211 SO. NORWALK CT 06854 US	Mailing Address 50 WASHINGTON ST 1211 SO. NORWALK CT 06854 US
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000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 06-1316650	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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

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)

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	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, SCOTT C	NAME	
STREET ADDRESS	50 WASHINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	SOUTH NORWALK CT 06854	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ALAN	NAME	
STREET ADDRESS	50 WASHINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	SOUTH NORWALK CT 06854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANAK, ALESANDRA	NAME	
STREET ADDRESS	50 WASHINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	SOUTH NORWALK CT 06854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWICK, MICHAEL	NAME	
STREET ADDRESS	50 WASHINGTON STREET	STREET ADDRESS	
CITY-ST-ZIP	SOUTH NORWALK CT 06854	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTIGLIONE, WILLIAM J	NAME	
STREET ADDRESS	1266 E MAIN ST STE 620	STREET ADDRESS	50 Washington St., Suite 1211
CITY-ST-ZIP	STAMFORD CT 06902	CITY-ST-ZIP	South Norwalk, Ct 06854
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLIN, JOEL	NAME	
STREET ADDRESS	110 E 59TH ST	STREET ADDRESS	50 Washington St., Suite 1211
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP	South Norwalk, Ct 06854

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 employed.

SIGNATURE: William J. Postiglione **5-2-01** **203-359-0722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)