

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90907 028 ***150.00

DOCUMENT # F99000005591

1. Entity Name
EQUILEASE FINANCIAL SERVICES, INC.



Principal Place of Business
**50 WASHINGTON ST. SUITE 1211
SO. NORWALK CT 06854
US**

Mailing Address
**50 WASHINGTON ST. SUITE 1211
SO. NORWALK CT 06854
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

06-1316650

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALL FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **ST DUNN, SCOTT C** Delete
STREET ADDRESS **50 WASHINGTON ST, SUITE 1211**
CITY-ST-ZIP **SO. NORWALK CT 06854**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **P SILVERHARDT, GARY** Delete
STREET ADDRESS **50 WASHINGTON ST, SUITE 1211**
CITY-ST-ZIP **SO. NORWALK CT 06854**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V HANAK, ALESANDRA** Delete
STREET ADDRESS **50 WASHINGTON ST, SUITE 1211**
CITY-ST-ZIP **SO. NORWALK CT 06854**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V MATTHEWS, CHARLES E** Delete
STREET ADDRESS **50 WASHINGTON ST, SUITE 1211**
CITY-ST-ZIP **SO. NORWALK CT 06854**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **AT POSTIGLIONE, WILLIAM J** Delete
STREET ADDRESS **50 WASHINGTON ST. STE 1211**
CITY-ST-ZIP **SOUTH NORWALK CT 06854**

TITLE Change Addition
NAME **Assistant Secretary
Susan Clark**
STREET ADDRESS **50 Washington St, Suite 1211**
CITY-ST-ZIP **South Norwalk, Ct 06854**

TITLE
NAME **D GREENBERG, KENNETH** Delete
STREET ADDRESS **50 WASHINGTON ST, SUITE 1211**
CITY-ST-ZIP **SO. NORWALK CT 06854**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Clark, Assistant Secretary

1-15-03

203-352-0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)