

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90389 029 ***150.00



DOCUMENT # P10227
 1. Entity Name
BCC EQUIPMENT LEASING CORPORATION

Principal Place of Business
**500 NACHES SW 3RD FLOOR
 RENTON, WA 98055**

Mailing Address
**3780 KILROY AIRPORT WAY
 SUITE 750
 LONG BEACH, CA 90806**

2. Principal Place of Business
500 NACHES SW 3RD FLOOR
 Suite, Apt. #, etc.

3. Mailing Address
3780 KILROY AIRPORT WAY
 Suite, Apt. #, etc.
SUITE 750

City & State
RENTON, WA

City & State
LONG BEACH, CA

Zip
98055

Country
US

Zip
90806

Country
US

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
95-2801432

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, JAMES F			NAME	WALTER E. SKOWRONSKI		
STREET ADDRESS	500 NACHES SW 3RD FLOOR			STREET ADDRESS	500 NACHES SW 3RD FLOOR		
CITY-ST-ZIP	RENTON, WA 98055			CITY-ST-ZIP	RENTON, WA 98055		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGEDING, STEVEN W.			NAME			
STREET ADDRESS	3780 KILROY AIRPORT WAY, STE 750			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 90806			CITY-ST-ZIP			
TITLE	VDS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAFFIN, MICHAEL C.			NAME			
STREET ADDRESS	3780 KILROY AIRPORT WAY, SUITE 750			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 90806			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: M. C. Draffin **4-27-04** (562) 997-3416
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #