2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2002 8:00 am Secretary of State P40939 DOCUMENT # 1. Entity Name 01-28-2002 90007 008 ***150.00 RESUN LEASING, INCORPORATED Principal Place of Business Mailing Address 22810 QUICKSILVER DR 22810 OUICKSILVER DR **DULLES VA 20166 DULLES VA 20166** US ... US . . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1375284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONNOLLY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4881 NW 69TH STREET **OCALA FL 34482** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE ROMAN, BARRY A. NAME NAME 2504 CLAY STREET STREET ADDRESS STREET ADDRESS alexandria va CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete ☐ Addition Change TITLE TITLE ROMAN, MICHAEL I. NAME NAME STREET ADDRESS 1638 FIRST PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MCLEAN VA TITLE ☐ Delete TITLE T Change ☐ Addition NAME KUNISCH, ROBERT D NAME STREET ADDRESS 140 CARRICK BEND LANE STREET ADDRESS 237 WATERWAY 5 AVE CITY-ST-ZIP SAN FRANCISCO CA 94123 CITY-ST-ZIP BUCA GRANDE FL 33921 ☐ Delete Change ☐ Addition TITLE TITLE FARRELL, JAMES T NAME NAME STREET ADDRESS **2668 GREENWICH STREET** STREET ADDRESS CITY-\$T-ZIP SAN FRANCISCO CA 94123 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAVID P. LORSCH STREET ADDRESS STREET ADDRESS 47 6th AVE CITY-ST-ZIP CITY-ST-ZIP SAN FLANCISCO CA 94118 ☐ Defete TITLE ☐ Change Addition NAME ABRAHAM BERNSTEIN NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empowered to execute this repor changed, or on an attachment with an address with all other like empowered with all other like empowered

CITY-ST-ZIP

SIGNATURE: 使用的第三人称

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD 21658

3020 BENNETT POINT RD

GUEENSTOWN