

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90212 018 \*\*\*150.00

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

**DOCUMENT # P40939**  
 1. Entity Name  
**RESUN LEASING, INCORPORATED**



**90136633**

Principal Place of Business  
 22810 QUICKSILVER DR  
 DULLES, VA 20166 US

Mailing Address  
 22810 QUICKSILVER DR  
 DULLES, VA 20166 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1375284** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONNOLLY, MICHAEL**  
**4881 NW 69TH STREET**  
**OCALA, FL 34482**

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's signature required when appointing)

FILE NOW!! Fees: \$180.00  
 After May 1, 2003 Fee will be \$500.00  
 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 STREET ADDRESS CITY-ST-ZIP	PTD ROMAN, BARRY A. 2504 CLAY STREET ALEXANDRIA, VA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROMAN, MICHAEL I. 1638 FIRST PLACE MCLEAN, VA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNISCH, ROBERT D 140 CARRICK BEND LANE SAN FRANCISCO, CA 94123	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, JAMES T 2668 GREENWICH STREET SAN FRANCISCO, CA 94123	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DAVID 47 6 AVENUE SAN FRANCISCO, CA 94118	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, BERBSTEIN 3020 BENNETT PT RD. QUEENSTOWN, MD 21668	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>237 WATERWAYS AVE</b> <b>DOCA GRANDE FL 33921</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 507, 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 information.

SIGNATURE: \_\_\_\_\_ CEO 4/11/03 703-661-6190  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case City/State/Phone #

CR2E034 (1/01/02)