2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000056960

Entity Name: ILFC DISTRIBUTORS, INC.

FILED Apr 29, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2619 ROUSE RD. 4628 S CR 475

ORLANDO, FL 32817 BUSHNELL, FL 33513

Current Mailing Address: New Mailing Address:

PO BOX 677364 4628 S CR 475

ORLANDO, FL 328677364 BUSHNELL, FL 33513

FEI Number: 59-3392172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILKINSON, GENE WILKINSON, GENE 2619 ROUSE RD. WILKINSON, GENE 4628 S CR 475

ORLANDO, FL 32817 US BUSHNELL, FL 33513 US

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: 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 WILKINSON, GENE
 Name:
 WILKINSON, GENE

 Address:
 2619 ROUSE RD.
 Address:
 4628 S CR 475

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:
 BUSHNELL, FL 33513

Title: D () Delete Title: D (X) Change () Addition Name: BRADSHAW, JOHN L D (X) Change () Addition BRADSHAW, JOHN L

Name: BRADSHAW, JOHN L Name: BRADSHAW, JOHN L
Address: 901 DOUGLAS AVE. Address: 901 DOUGLAS AVE. SUITE 101

Address: 901 DOUGLAS AVE. SUITE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WILKINSON, LINDA G
 Name:
 WILKINSON, LINDA G

 Address:
 2619 ROUSE RD.
 Address:
 4628 S CR 475

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:
 BUSHNELL, FL 33513

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE WILKINSON PRES 04/29/2003