

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103478

1. Entity Name

INTERSTATE LEASE CO., INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90152 006 \*\*\*558.75

Principal Place of Business

11130 SUNRISE VALLEY DRIVE  
SUITE 206  
RESTON VA 20191

Mailing Address

C/O TRANSCAPITAL CORPORATION/J.F. CAMPAGNA  
11130 SUNRISE VALLEY DR., STE. 206  
RESTON VA 20191

A0077145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11490 Commerce Park Drive

Suite, Apt. #, etc.

SUITE 500

City & State

Reston, VA

Zip  
20191

Country

USA

3. Mailing Address C/O TRANSCAPITAL CORP.

11490 Commerce Park Drive

Suite, Apt. #, etc.

SUITE 500

City & State

Reston, VA

Zip

20191

Country

USA

4. FEI Number

65-0904321

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



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

11. OFFICERS AND DIRECTORS

|                                                |                                                                                   |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CAMPAGNA, JOSEPH F<br>11130 SUNRISE VALLEY DR., STE. 206<br>RESTON VA 20191 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVD<br>BUTLER, DONALD G<br>11130 SUNRISE VALLEY DR., STE. 206<br>RESTON VA 20191  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVD<br>CAMPAGNA, JOHN C<br>11130 SUNRISE VALLEY DR., STE. 206<br>RESTON VA 20191  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>11490 Commerce Park Drive, Suite 500<br>Reston, VA 20191          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 11490 Commerce Park Drive                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 11490 Commerce Park Drive, Suite 500<br>Reston, VA 20191                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Harold J. Pertei<br>11490 Commerce Park Drive<br>Reston, VA 20191 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John C. Campagna

September 8, 2000 703-758-2270  
Date Daytime Phone #

CR2E034 (5/00)