

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90351 047 ***150.00

DOCUMENT # P98000103478

1. Entity Name
INTERSTATE LEASE CO., INC.



00070354



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1490 COMMERCE PARK DR
SUITE 500
RESTON VA 20191

Mailing Address
11490 COMMERCE PARK DR
SUITE 500
RESTON VA 20191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0904321**

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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 of the Current Registered Agent and the New Registered Agent (NOTE: Registered Agent Signature Required When Changing) _____ 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD**
 NAME **CAMPAGNA, JOSEPH F**
 STREET ADDRESS **11490 COMMERCE PARK DR STE 500**
 CITY-STATE-ZIP **RESTON VA 20191**

TITLE **PD**
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **SVD**
 NAME **BUTLER, DONALD G**
 STREET ADDRESS **11130 SUNRISE VALLEY DR., STE. 206**
 CITY-STATE-ZIP **RESTON VA 20191**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **EVD**
 NAME **CAMPAGNA, JOHN C**
 STREET ADDRESS **11130 SUNRISE VALLEY DR., STE. 206**
 CITY-STATE-ZIP **RESTON VA 20191**

TITLE
 NAME
 STREET ADDRESS **11490 Commerce Park Drive, Suite 500**
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **TS**
 NAME **Michael Parker**
 STREET ADDRESS **11490 Commerce Park Drive, Suite 500**
 CITY-STATE-ZIP **Reston, VA 20191**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 703-758-2270