

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002199

1. Entity Name

EQUIPMENT FINANCE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 038 ***150.00

Principal Place of Business

Mailing Address

PO BOX 5366
LANCASTER VA 17606-5366

PO BOX 5366
LANCASTER VA 17606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1946698

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME STRATTON, JAMES W
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE SR. VICE PRESIDENT ☐ Change ☒ Addition
NAME MICHAEL J. SCHLAGER
STREET ADDRESS 118 WEST AIRPORT ROAD
CITY-ST-ZIP LITITZ, PA 17543

TITLE D ☐ Delete
NAME STRATTON, FRANK T
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE SR. VICE PRESIDENT ☐ Change ☒ Addition
NAME JOSEPH M. BRAAS
STREET ADDRESS 118 WEST AIRPORT ROAD
CITY-ST-ZIP LITITZ, PA 17543

TITLE PCEO ☐ Delete
NAME GRANER, GEORGE W
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
NAME MARY C. MUSSER
STREET ADDRESS 118 WEST AIRPORT ROAD
CITY-ST-ZIP LITITZ, PA 17543

TITLE D ☐ Delete
NAME DETWILER, JOHN T
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ESTEY, JOHN S
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HEFFERNAN, GERARD E
STREET ADDRESS 118 WEST AIRPORT RD., SUITE A
CITY-ST-ZIP LITITZ PA 17543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MARY C. MUSSER

MARY C. MUSSER

4/28/00

717-569-8761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)