

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90168 036 ***150.00

DOCUMENT # P12015
 1. Entity Name
NEOPOST LEASING, INC.

Principal Place of Business 30955 HUNTWOOD AVENUE HAYWARD CA 94544	Mailing Address 30955 HUNTWOOD AVENUE HAYWARD CA 94544
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2984524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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, 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		<input checked="" type="checkbox"/> Delete
TITLE	P	<input checked="" type="checkbox"/>
NAME	MAHLSTEDT, NEIL D	
STREET ADDRESS	944 SHORELINE ROAD LBS	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	VPCS	<input type="checkbox"/>
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	4425 GREENS COURT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	VPFC	<input type="checkbox"/>
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	4425 GREENS COURT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	D	<input type="checkbox"/>
NAME	MAHLSTEDT, NEIL D	
STREET ADDRESS	944 GREENS CT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	D	<input type="checkbox"/>
NAME	THIERY, DENIS	
STREET ADDRESS	113 RUE JEAN-MARIN NAUDIN	
CITY-ST-ZIP	BAGNEUX, FRANCE 92-2201	
TITLE	D	<input type="checkbox"/>
NAME	DICKENSON, STEPHEN M	
STREET ADDRESS	30955 HUNTWOOD AVE.	
CITY-ST-ZIP	HAYWARD CA 94544	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Anthony G. Adkins		
STREET ADDRESS	4659 Gate Tree Circle		
CITY-ST-ZIP	Pleasanton, CA 94566		
TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	779 Nandina Ct.		
STREET ADDRESS	Fremont, CA 94539		
CITY-ST-ZIP	Fremont, CA 94539		
TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	944 Shoreline Road LBS		
STREET ADDRESS	Barrington, IL 60010		
CITY-ST-ZIP	Barrington, IL 60010		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **STEPHEN M. DICKESON** **4/24/01** **(510)459-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)