2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State
08-15-2001 90007 028 ***550.00

013962?

SP

DOCUMENT # F99000002199

1. Entity Name
EQUIPMENT FINANCE, INC.

Principal Place of Business	Mailing Address
PO BOX 5366 LANCASTER VA 17606-5366	PO BOX 5366 LANCASTER VA 17606-5366

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 5366	P.O. BOX 5366
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LANCASTER, PA	City & State: LANCASTER, PA
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STRATTON, JAMES W 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE PRESIDENT MICHAEL J. SCHLAGER 118 WEST AIRPORT ROAD LITITZ PA 17543	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRATTON, FRANK T 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE PRESIDENT JOSEPH M. BRAAS 118 WEST AIRPORT ROAD LITITZ, PA 17543	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO GRANER, GEORGE W 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER MARY C. MUSSER 118 WEST AIRPORT ROAD LITITZ PA 17543	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DETWILER, JOHN T 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTEY, JOHN S 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEFFERNAN, GERARD E 118 WEST AIRPORT RD., SUITE A LITITZ PA 17543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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 SIGNATURE REQUIRED MARY C. MUSSER, SEC/TREAS. 08/09/01 717-569-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #