

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90194 015 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

94-2984524

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

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STERN, SCOT	
STREET ADDRESS	1412 VENTAN DRIVE	
CITY-ST-ZIP	ESCONDIDO, CA 92029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ONEIL, HAKAN	
STREET ADDRESS	12 WILLIAMS LANE	
CITY-ST-ZIP	SAN MATEO, CA 94404	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRICKERTON, JEFF M	
STREET ADDRESS	1003 REDONDO WAY	
CITY-ST-ZIP	LIVERMORE, CA 94550	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, COLIN	
STREET ADDRESS	113 AVE JEAN-MARIN NAUDIN	
CITY-ST-ZIP	BANNING, CA 92220	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, SCOT	
STREET ADDRESS	30953 HUNTWOOD AVE	
CITY-ST-ZIP	HAYWARD, CA 94544	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, STEPHEN M	
STREET ADDRESS	30955 HUNTWOOD AVE	
CITY-ST-ZIP	HAYWARD, CA 94544	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2004 (570) 489-6800

Date

Daytime Phone #