

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90162 032 ***150.00

0658720 AT

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

4. FEI Number **94-2984524**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, ANTHONY G	
STREET ADDRESS	4659 GATETREE CIRCLE	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	VPCS	<input checked="" type="checkbox"/> Delete
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	779 NANDINA CT	
CITY-ST-ZIP	FREMONT CA 94539	
TITLE	VPFC	<input checked="" type="checkbox"/> Delete
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	779 NANDINA CT	
CITY-ST-ZIP	FREMONT CA 94539	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHLSTEDT, NEIL D	
STREET ADDRESS	944 SHORELINE ROAD LBS	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THIERY, DENIS	
STREET ADDRESS	113 RUE JEAN-MARIN NAUDIN	
CITY-ST-ZIP	BAGNEUX, FRANCE 92-2201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, STEPHEN M	
STREET ADDRESS	30955 HUNTWOOD AVE.	
CITY-ST-ZIP	HAYWARD CA 94544	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scot Stern	
STREET ADDRESS	1412 Ventana Drive	
CITY-ST-ZIP	Escondido, CA 92029	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hakan Orvell	
STREET ADDRESS	12 Williams Lane	
CITY-ST-ZIP	Foster City, CA 94404	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff M. Bickerton	
STREET ADDRESS	1003 Redondo Way	
CITY-ST-ZIP	Livermore, CA 94550	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colin Bennett	
STREET ADDRESS	113 Rue Jean-Marie Naudin	
CITY-ST-ZIP	92220, Bagneux, France	
TITLE	Scot Stern Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scot Stern	
STREET ADDRESS	30955 Huntwood Ave.	
CITY-ST-ZIP	Hayward CA 94544	
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 all other like empowered.

SIGNATURE: **HAKAN ORVELL**
V.P./ Corp. Secretary

MAY 15 2003

(510) 489-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)