

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820260

1. Entity Name

ELICO LEASING CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90251 018 ***150.00

Principal Place of Business

Mailing Address

VISTA SORRENTO PKWY
 OFFICE BOX 8109
 DIEGO CA 92121

DEPT 8109
 260 LONG RIDGE RD IAMS
 STAMFORD CT 06927-1600
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2510574

Applied For

Not Applicable

Zip

Country

Zip

Country

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 | PCO | <input type="checkbox"/> Delete |
| NAME | NEAL, MICHAEL A. | |
| STREET ADDRESS | 260 LONG RIDGE ROAD | |
| CITY-ST-ZIP | STAMFORD CT | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | HYDE, JEFFREY L | |
| STREET ADDRESS | 260 LONG TERM | |
| CITY-ST-ZIP | STAMFORD CT | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | JURKOIC, PAUL M. | |
| STREET ADDRESS | 10251 VISTA SORRENTO PKY | |
| CITY-ST-ZIP | SAN DIEGO CA | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SMITH, GORDON J. | |
| STREET ADDRESS | 44 OLD RIDGEBURY RD. | |
| CITY-ST-ZIP | DANBURY CT | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | SHIPPEY, SANDRA L. | |
| STREET ADDRESS | 10251 VISTA SORRENTO PKY | |
| CITY-ST-ZIP | SAN DIEGO CA | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PICKARD, BRIAN E. | |
| STREET ADDRESS | 10251 VISTA SORRENTO PKY | |
| CITY-ST-ZIP | SAN DIEGO CA | |

| | | |
|----------------|-------------------------|--|
| TITLE | Assoc. Reps. T. Allen | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Donna F. Farnmetta | |
| STREET ADDRESS | 260 LONG RIDGE ROAD | |
| CITY-ST-ZIP | STAMFORD, CT 06927-9622 | |
| 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 | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203-357-4544

CR2E034 (9/99)