

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91121 019 \*\*\*150.00

**DOCUMENT # 820260**

1. Entity Name

**ELLCO LEASING CORPORATION**

Principal Place of Business

10251 VISTA SORRENTO PKWY  
 POST OFFICE BOX 8109  
 SAN DIEGO CA 92121  
 US

Mailing Address

DEPT 8109  
 260 LONG RIDGE RD.IAMS  
 STAMFORD CT 06927-9621  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**PCO**  
**NEAL, MICHAEL A.**  
 STREET ADDRESS **260 LONG RIDGE ROAD**  
 CITY-ST-ZIP **STAMFORD CT**

TITLE NAME ☐ Change ☒ Addition  
*Asst Treas - Taxes*  
*John Amato*  
**260 LONG RIDGE ROAD**  
**STAMFORD, CT 06927-9622**

TITLE NAME ☐ Delete  
**VPT**  
**HYDE, JEFFREY L**  
 STREET ADDRESS **260 LONG TERM**  
 CITY-ST-ZIP **STAMFORD CT**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**VS**  
**JURKOIC, PAUL M.**  
 STREET ADDRESS **10251 VISTA SORRENTO PKY**  
 CITY-ST-ZIP **SAN DIEGO CA**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**DT**  
**SMITH, GORDON J.**  
 STREET ADDRESS **44 OLD RIDGEBURY RD.**  
 CITY-ST-ZIP **DANBURY CT**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**AS**  
**SHIPPEY, SANDRA L.**  
 STREET ADDRESS **10251 VISTA SORRENTO PKY**  
 CITY-ST-ZIP **SAN DIEGO CA**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**V**  
**PICKARD, BRIAN E.**  
 STREET ADDRESS **10251 VISTA SORRENTO PKY**  
 CITY-ST-ZIP **SAN DIEGO CA**

TITLE NAME ☐ Change ☐ Addition  
 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:

**JOHN AMATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)