

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90262 009 ***150.00

DOCUMENT # 826673

1. Entity Name

CITICORP LEASING, INC.

Principal Place of Business

CITICORP LEASING, INC.
450 MAMARONECK AVENUE
HARRISON NY 10528
US

Mailing Address

CITICORP LEASING, INC.
450 MAMARONECK AVENUE
HARRISON NY 10528
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2640703**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAGLIETTA, SAL	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GANDOLFO, THOMAS F	
STREET ADDRESS	399 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORMANY, TIMOTHY K	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GOLDBERG, ROBERT R	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELFOE, ROBERT	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEFKO, WILLIAM R	
STREET ADDRESS	450 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY	

12. 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	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President
 1-22-2001 (914)899-7617

Date

Daytime Phone #

CR2E034 (10/00)