

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90213 002 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CT 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. 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's signature required when reinstating.)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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
NAME
STREET ADDRESS
CITY-ST-2P
**P
MAGLIETTA, SAL
450 MAMARONECK AVENUE
HARRISON, NY 10528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**VP
ABERLER, THOMAS
450 MAMARONECK AVE
HARRISON, NY 10528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**D
MILLER, JAMES
450 MAMARONECK AVENUE
HARRISON, NY 10528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**AS
GOLDBERG, ROBERT R
450 MAMARONECK AVENUE
HARRISON, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**D
DELFOE, ROBERT
450 MAMARONECK AVENUE
HARRISON, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**VP
LEFKO, WILLIAM R
450 MAMARONECK AVENUE
HARRISON, NY** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-2P
**VP & Asst Treasurer
Jean-Pierre Nasser
1 Court Square
Long Island City NY 11120** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER

Date

Tel: 718-248-3281
Fax: 718-248-0057

Daytime Phone #

CR2E034 (10/02)