

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90113 022 \*\*\*150.00

**DOCUMENT # 831772**

1. Entity Name  
**CHASE EQUIPMENT LEASING, INC.**

Principal Place of Business <b>ONE CHASE SQUARE          ROCHESTER NY 14643          US</b>	Mailing Address <b>270 PARK AVENUE, 35TH FLOOR          ROBERT C. GARROLL          NEW YORK NY 10017          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>16-0902786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP PERKOWSKI, EDWARD J ONE CHASE SQUARE ROCHESTER NY 14643</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BRITTON, WILLIAM N 600 FIFTH AVE NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 Avenue of the Americas - 16th Floor New York NY 10036-2708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROTELLA, GREGORY A ONE CHASE PLAZA NEW YORK NY 10081</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD UNCHESTER, JOHN 600 FIFTH AVE NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 Avenue of the Americas - 16th Floor New York NY 10036-2708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PARMELEE, MICHAEL 600 FIFTH AVE NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>116 Avenue of the Americas - 16th Floor New York NY 10036-2708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward S. Pullen VP *[Signature]* Date: 1/23/01 Daytime Phone #: 716-258-6197

CR2E034 (10/00)