

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 831772****1. Entity Name**  
**J.P. MORGAN LEASING INC.****Principal Place of Business**  
**ONE CHASE SQUARE**  
**ROCHESTER NY 14643**  
**US****Mailing Address**  
**270 PARK AVENUE, 35TH FLOOR**  
**ROBERT C. CARROLL**  
**NEW YORK NY 10017**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **16-0902786**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 S. 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	<b>EVP.</b>	<input type="checkbox"/> Delete
NAME	<b>PERKOWSKI, EDWARD J</b>	
STREET ADDRESS	<b>ONE CHASE SQUARE</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14643</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRITTON, WILLIAM N</b>	
STREET ADDRESS	<b>600 FIFTH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROTELLA, GREGORY A</b>	
STREET ADDRESS	<b>ONE CHASE PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10081</b>	
TITLE	<b>PB</b>	<input type="checkbox"/> Delete
NAME	<b>UNCHESTER, JOHN</b>	
STREET ADDRESS	<b>600 FIFTH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PARMELEE, MICHAEL</b>	
STREET ADDRESS	<b>600 FIFTH AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert C. Carroll</b>	
STREET ADDRESS	<b>270 Park Avenue - 35th Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10017</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David A. Coulter</b>	
STREET ADDRESS	<b>270 Park Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10017</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Lourenso</b>	
STREET ADDRESS	<b>270 Park Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10017</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edward L. Nelson, Jr.</b>	
STREET ADDRESS	<b>1166 6th Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10036</b>	
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:****Robert C. Carroll**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

212/270-3902

Daytime Phone #

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90205 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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AV

CR2E034 (9/01)