

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837124

1. Entity Name
WLC LEASING COMPANY

Principal Place of Business
ROUTE 202 SOUTH
P O BOX 933
CONCORDVILLE PA 19331

Mailing Address
ROUTE 202 SOUTH
P O BOX 933
CONCORDVILLE PA 19331

2. Principal Place of Business
1500 WILMINGTON PIKE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 933
Suite, Apt. #, etc.

City & State
CONCORDVILLE PA
Zip 19331 Country DELAWARE

City & State
CONCORDVILLE PA
Zip 19331 Country UNITED STATES

4. FEI Number 23-1529898

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME
ST SHIPENGRAVER, DONALD
STREET ADDRESS RTE 202 SOUTH
CITY-ST-ZIP CONCORDVILLE PA ☐ Delete

TITLE NAME
C WATKINS, ROBERT
STREET ADDRESS RTE 202 SOUTH
CITY-ST-ZIP CONCORDVILLE PA ☐ Delete

TITLE NAME
P WATKINS, GEORGE E
STREET ADDRESS ROUTE 202 SOUTH
CITY-ST-ZIP CONCORDVILLE PA ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
SHIPENGROVER, DONALD ☒ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-01

Date

610-558-0400

Daytime Phone #

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90001 002 ***550.00



DO NOT WRITE IN THIS SPACE

0132407 AT

CR2E034 (5/01)