

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91136 004 ***150.00

DOCUMENT # 842924

1. Entity Name
FULL SERVICE LEASING CORP.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927 | Mailing Address 260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number 06-0973758 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

C T 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D | <input type="checkbox"/> Delete |
| NAME WALKER, JOHN J | |
| STREET ADDRESS 1600 SUMMER STREET | |
| CITY-ST-ZIP STAMFORD CT 06927 | |
| TITLE P | <input type="checkbox"/> Delete |
| NAME NICHOLSON, CHARLES W. | |
| STREET ADDRESS 260 LONG RIDGE RD | |
| CITY-ST-ZIP STAMFORD CT 06927 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME ORMOND, WENDY S. | |
| STREET ADDRESS 1600 SUMMER STREET | |
| CITY-ST-ZIP STAMFORD CT 06927 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME HYDE, JEFFREY L | |
| STREET ADDRESS 260 LONG RIDGE RD. | |
| CITY-ST-ZIP STAMFORD CT | |
| TITLE VT | <input type="checkbox"/> Delete |
| NAME WERNER, JEFFREY | |
| STREET ADDRESS 777 LONG RIDGE RD | |
| CITY-ST-ZIP STAMFORD CT 06927 | |
| TITLE AT | <input type="checkbox"/> Delete |
| NAME GARZA, OSCAR | |
| STREET ADDRESS 4211 METRO PARKWAY | |
| CITY-ST-ZIP FT. MYERS FL 33916 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE Asst Treas | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME John Amato | |
| STREET ADDRESS 260 LONG RIDGE ROAD | |
| CITY-ST-ZIP STAMFORD, CT 06927-9622 | |
| 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: John Amato **JOHN AMATO** 4-27-01 **203-357-4544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)