

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90449 022 ***150.00

DOCUMENT # 842924

1. Entity Name
FULL SERVICE LEASING CORP.

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
---	---

658879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-0973758	Applied For Not Applicable
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 _____ (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"/>	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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D WALKER, JOHN J	<input type="checkbox"/> Delete	TITLE NAME President Robert Lewis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1600 SUMMER STREET		STREET ADDRESS 1600 Summer St	
CITY-ST-ZIP STAMFORD CT 06927		CITY-ST-ZIP Stamford CT 06927	
TITLE NAME P NICHOLSON, CHARLES W.	<input checked="" type="checkbox"/> Delete	TITLE NAME Kathryn Cassidy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 260 LONG RIDGE RD		STREET ADDRESS 201 Long Ridge Rd	
CITY-ST-ZIP SSTAMFORD CT 06927		CITY-ST-ZIP Stamford CT 06927	
TITLE NAME S ORMOND, WENDY S.	<input type="checkbox"/> Delete	TITLE NAME John Amato	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1600 SUMMER STREET		STREET ADDRESS 777 Long Ridge Rd	
CITY-ST-ZIP STAMFORD CT 06927		CITY-ST-ZIP Stamford CT 06927	
TITLE NAME VP HYDE, JEFFREY L	<input type="checkbox"/> Delete	TITLE NAME Asst Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 260 LONG RIDGE RD.		STREET ADDRESS 777 Long Ridge Rd	
CITY-ST-ZIP STAMFORD CT		CITY-ST-ZIP Stamford CT 06927	
TITLE NAME VT WERNER, JEFFREY	<input checked="" type="checkbox"/> Delete	TITLE NAME John Amato	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 777 LONG RIDGE RD		STREET ADDRESS 777 Long Ridge Rd	
CITY-ST-ZIP STAMFORD CT 06927		CITY-ST-ZIP Stamford CT 06927	
TITLE NAME AT GARZA, OSCAR	<input checked="" type="checkbox"/> Delete	TITLE NAME John Amato	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4211 METRO PARKWAY		STREET ADDRESS 777 Long Ridge Rd	
CITY-ST-ZIP FT. MYERS FL 33916		CITY-ST-ZIP Stamford CT 06927	

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** **4-29-2002** **203-357-4544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)