


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

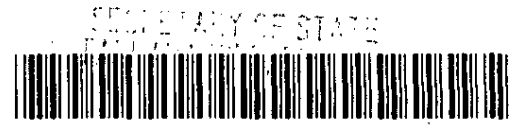
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AT

DOCUMENT # 842924

1. Entity Name
FULL SERVICE LEASING CORP.



FILED
03 MAR 17 PM 1:01



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
120 Long Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
120 Long Ridge Rd
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **06-0973758** Applied For
Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **03/24/03--01009--007 **150.00**

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

FILE NOW!!! FEE IS \$150.00
After: May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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	LEWIS, ROBERT	
STREET ADDRESS	1600 SUMMER STREET	
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 checked="" type="checkbox"/> Delete
NAME	HYDE, JEFFREY L	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASSIDY, KATHRYN	
STREET ADDRESS	201 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06927	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	AMATO, JOHN	
STREET ADDRESS	777 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT 06927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Bober	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy E. Ormond	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Alex Urguhart, Jr.	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	
TITLE	VPP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricardo B. Silva	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen L. Mathews	
STREET ADDRESS	120 Long Ridge Rd	
CITY-ST-ZIP	Stamford, CT 06927	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **2-24-03** **203/357-6567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathleen L. Mathews

CR2E034 (10/02)