

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90029 042 \*\*\*150.00

**DOCUMENT # 844388**

1. Entity Name  
**XTRA LEASE, INC.**

Principal Place of Business  
 PARK 270 DR.  
 400  
 LOUIS MO 63146

Mailing Address  
~~60 STATE ST~~ **1801 PARK 270 DRIVE**  
~~FL~~ **SUITE 400**  
~~BOSTON MA 02109-1803~~  
~~US~~ **ST LOUIS, MO 63146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-1863406		<input type="checkbox"/>	
City & State		City & State				Not Applicable	
Zip		Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Country		Country		<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	See attached list for additions/changes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, CHRISTOPHER P		NAME		
STREET ADDRESS	60 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOJA, MICHAEL J.		NAME		
STREET ADDRESS	60 STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACCHETTO, THOMAS A		NAME		
STREET ADDRESS	60 STATE ST STE 1100		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELY, ROBERT		NAME		
STREET ADDRESS	60 STATE ST		STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: A. Scott Marshall General Counsel & Secretary 4/5/00 203-221-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

## 2000 OFFICERS AND DIRECTORS

### COMPANY AND STATE OF INCORPORATION

XTRA Lease, Inc.  
(Delaware)  
(formerly known as Strick Lease)

Mailing Address:  
c/o XTRA Corporation  
1801 Park 270 Drive, Suite 400  
St. Louis, MO 63146

### DIRECTORS

Lewis Rubin, Chairman  
Michael J. Soja

### OFFICERS

William H. Franz, President  
Michael J. Soja, Vice President and  
Chief Financial Officer  
Jeffrey R. Blum, Vice President and Human  
Resources  
Brian Dorfman, Vice President - Finance and  
Administration  
Stephanie L. Johnson, Vice President and  
Treasurer  
A. Scott Mansolillo, General Counsel  
and Secretary

Attachment  
att 844358  
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