

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90029 045 \*\*\*150.00

**DOCUMENT # 850818**

1. Entity Name

**BANKERS LEASING CORPORATION**

Principal Place of Business

**989 EAST HILLSDALE BLVD  
 300  
 FOSTER CITY CA 94404  
 US**

Mailing Address

**989 EAST HILLSDALE BLVD  
 300  
 FOSTER CITY CA 94404  
 US**

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 **04-2210665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAGLIETTA, SALVATORE J 450 MAMORNECK DR HARRISON NY 10528	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEYES, ROBERT A 989 EAST HILLSDALE BLVD FOSTER CITY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWNE, EDMOND P. 989 EAST HILLSDALE BLVD FOSTER CITY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURT A. SCHULTZ 989 EAST HILLSDALE BLVD FOSTER CITY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRATT, ROBERT B. 989 E. HILLSDALE BLVD FOSTER CITY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP O'CONNOR, BRIAN 989 E. HILLSDALE BOULEVARD FOSTER CITY CA 94404	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**S.  
 JOSEPH B. SCHUBERT  
 989 EAST HILLSDALE BLVD  
 FOSTER CITY, CA**

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 another like empowered.

SIGNATURE:

*Brian O'Connor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brian O'Connor 4/10/01**

Date

**650/571-8210**

Daytime Phone #

CR2E034 (10/00)

OFFICERS AND DIRECTORS  
BANKERS LEASING CORPORATION

Attachment  
9/4/2008  
#85048

Elected 4/10/00

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
Sr. Vice President, Asst. Secretary and Director	Edmond P. Browne 567-50-5198	989 E. Hillsdale Blvd. Foster City, CA 94404
President and Treasurer	Salvatore J. Maglietta 086-46-3189	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Roger P. Miller 516-56-2168	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Director	Edward S. Mundy 057-36-0734	450 Mamaroneck Drive Harrison, NY 10528
Vice President and Secretary	Joseph B. Schubert 585-40-2876	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Lease Administration and Asst. Secretary	Robert B. Spratt 560-70-7146	989 E. Hillsdale Blvd. Foster City, CA 94404
Vice President -- Tax	Brian O'Connor 224-70-0494	989 E. Hillsdale Blvd. Foster City, CA 94404