

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90092 036 \*\*\*550.00

**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  
 450 Mamaroneck Ave.

3. Mailing Address  
 250 Carpenter Freeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Harrison, NY

H03-17

City & State

City & State

Harrison, NY

Irving, TX

Zip  
 10528

Country

Zip

75062

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PTD** ☐ Delete  
 NAME **MAGLIETTA, SALVATORE J**  
 STREET ADDRESS **450 MAMORNECK DR**  
 CITY-ST-ZIP **HARRISON NY 10528**

TITLE **V/S** ☐ Change ☒ Addition  
 NAME **Curt A. Schultz**  
 STREET ADDRESS **450 Mamaroneck Ave**  
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **VD** ☒ Delete  
 NAME **BROWNE, EDMOND P.**  
 STREET ADDRESS **989 EAST HILLSDALE BLVD**  
 CITY-ST-ZIP **FOSTER CITY CA**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Patrick C. Smith**  
 STREET ADDRESS **250 Carpenter Freeway**  
 CITY-ST-ZIP **Irving, TX 75062**

TITLE **S** ☒ Delete  
 NAME **SCHUDEN, JOSEPH B**  
 STREET ADDRESS **989 EAST HILLSDALE BLVD**  
 CITY-ST-ZIP **FOSTER CITY CA**

TITLE **V/D** ☐ Change ☒ Addition  
 NAME **Edward S. Mundy**  
 STREET ADDRESS **450 Mamaroneck Ave.**  
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **V** ☒ Delete  
 NAME **SPRATT, ROBERT B.**  
 STREET ADDRESS **989 E. HILLSDALE BLVD**  
 CITY-ST-ZIP **FOSTER CITY CA**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Amirapu Somasekhar**  
 STREET ADDRESS **450 Mamaroneck Ave.**  
 CITY-ST-ZIP **Harrison, NY 10528**

TITLE **AVP** ☒ Delete  
 NAME **O'CONNOR, BRIAN**  
 STREET ADDRESS **989 E. HILLSDALE BOULEVARD**  
 CITY-ST-ZIP **FOSTER CITY CA 94404**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**Patrick C Smith** 8/6/02 972-652-5239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)