

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90145 007 ***150.00

DOCUMENT # 852966

1. Corporation Name

SECURITY PACIFIC EQUIPMENT LEASING, INC.

Principal Place of Business

555 CALIFORNIA ST
4TH FLOOR
SAN FRANCISCO CA 94104
US

Mailing Address

555 CALIFORNIA ST
4TH FLOOR
SAN FRANCISCO CA 94104
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1982

4. FEI Number

94-2297717

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HARRIS, RICHARD V.
STREET ADDRESS
555 CALIFORNIA ST 4F
CITY-STATE-ZIP
SAN FRANCISCO CA

TITLE ☐ DELETE

NAME
ROSE, THOMAS K.
STREET ADDRESS
555 CALIFORNIA ST 5F
CITY-STATE-ZIP
SAN FRANCISCO CA

TITLE ☒ DELETE

NAME
MCKEE, RAYMOND W.
STREET ADDRESS
799 MARKET STREET, 8TH FL
CITY-STATE-ZIP
SAN FRANCISCO CA

TITLE ☐ DELETE

NAME
MURRAY, MICHAEL
STREET ADDRESS
555 CALIFORNIA ST 40F
CITY-STATE-ZIP
SAN FRANCISCO CA

TITLE ☐ DELETE

NAME
SHANAHAN, JOHN
STREET ADDRESS
555 CALIFORNIA ST 41F
CITY-STATE-ZIP
SAN FRANCISCO CA

TITLE ☐ DELETE

NAME
WALTER, RICHARD
STREET ADDRESS
555 CALIFORNIA ST 5F
CITY-STATE-ZIP
SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. T. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)