

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31342**

1. Entity Name
DIGITAL DETECTION SYSTEMS LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 2:15

Principal Place of Business
5800 CORPORATE WAY
WEST PALM BEACH FL 33407

Mailing Address
5800 CORPORATE WAY
WEST PALM BEACH FL 33407-2004



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3056765		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PERRY, RICHARD W. 19890 WILKINSON LEAS ROAD TEQUESTA FL 33469				Name John H. Motzer			
				Street Address (P.O. Box Number is Not Acceptable) 5800 Corporate Way			
				City West Palm Beach		FL	Zip Code 33407

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: *John H. Motzer, VP Finance* DATE: 4/14/00

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

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,666,289**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M9800000191 SECURITY LEASING FUNDING II, LLC 712 NORTH SECOND STREET ST. LOUIS MO 63102	STREET ADDRESS CITY - ST - ZIP	10 South Broadway, Ste 1400 St Louis, MO 63102
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	FFB 526.25
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John H. Motzer* DATE: 4/19/00 DAYTIME PHONE #: 314 621-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)