

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90241 001 \*\*\*750.00

**DOCUMENT # F00000003579**

**1. Entity Name**  
**AERFI LEASING USA SUB I INC.**

**Principal Place of Business**  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

**Mailing Address**  
**DEBIS AIRFRANCE USA INC**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 13-3540545**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**CARYL BEN BASAT**  
**100 NE THIRD AVENUE, SUITE 800**  
**FT. LAUDERDALE FL 33301**

**Name**  
**Laura Showalter**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**100 NE Third Ave., Suite 800**  
**City** **Ft. Lauderdale** **FL** **Zip Code** **33301**

**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** *Laura B. Showalter*  
Signature, typed or printed name of registered agent and title if applicable.

*LAURA B. SHOWALTER*  
(NOTE: Registered Agent signature required when reinstating)

*1/16/2002*  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **DALTON, PATRICK**  
**STREET ADDRESS** **SHANNON, COUNTY CLARE**  
**CITY-ST-ZIP** **IRELAND**

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

**TITLE** **DP** ☒ Delete  
**NAME** **BASAT, CARYL B**  
**STREET ADDRESS** **100 NE 3RD AVENUE SUITE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

**TITLE** **DP** ☒ Change ☒ Addition  
**NAME** **Dr. Dröbnich, Joseph F.**  
**STREET ADDRESS** **100 NE Third Ave., Suite 800**  
**CITY-ST-ZIP** **Ft. Lauderdale, FL 33301**

**TITLE** **DS** ☐ Delete  
**NAME** **SHOWALTER, LAURA B**  
**STREET ADDRESS** **100 NE 3RD AVENUE SUITE 800**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Laura B. Showalter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*17 Jan 2002* *(954) 760-7777*  
Date Daytime Phone #

CR2E034 (9/01)

*Attachment*  
**CERTIFICATE OF AMENDMENT**  
**STOCK CORPORATION**

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 12/1999

# *F00000003579*

Space For Office Use Only

FILING #0002216104 PG 01 OF 02 VOL B-00391  
FILED 02/15/2001 08:30 AM PAGE 02984  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

**1. NAME OF CORPORATION:**

AerFi Leasing USA Sub I, Inc.

**2. THE CERTIFICATE OF INCORPORATION IS (check A., B. or C.):**

☒ **A. AMENDED.**

☐ **B. AMENDED AND RESTATED.**

☐ **C. RESTATED.**

**3. TEXT OF EACH AMENDMENT / RESTATEMENT:**

Article 1 of the Certificate of Incorporation shall be amended, in its entirety, to read as follows:

"The name of the Corporation is: debis AirFinance USA Sub I, Inc."

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

Attachment

Space For Office Use Only

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FILED 02/15/2001 08:30 AM PAGE 02985  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check A., B. or C.):

☒ A. The resolution was approved by shareholders as follows: # 1000000 3579

(set forth all voting information required by Conn. Gen. Stat. Section 33-800 as amended in the space provided below)

There are 5,000 outstanding shares of common stock, \$1.00 par value. No shares are required to be voted as a class. The Shareholder vote was 100% favoring adoption of the following resolutions:

RESOLVED, that the name of AerFi Leasing USA SubI, Inc (the "Corporation") be changed to "debis AirFinance Leasing USA Sub I, Inc."

FURTHER RESOLVED, that in order to ewffect such change, the Certificate of Incorporation of the Corporation be amended so that Article 1 of such Certificate of Incorporation shall read as follows:

"The name of the Corporation is: debis AirFinance Leasing USA Sub I, Inc."

☐ B. The amendment was adopted by the board of directors without shareholder action.  
No shareholder vote was required for adoption.

☐ C. The amendment was adopted by the incorporators without shareholder action.  
No shareholder vote was required for adoption.

5. EXECUTION:

Dated this 12<sup>th</sup> day of FEBRUARY, 2001.

LAURA B. SHOWALTER  
Print or type name of signatory

SECRETARY  
Capacity of signatory

  
Signature