

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90341 022 ***150.00

0615048 AT

DOCUMENT # F01000002899

1. Entity Name
PLM INTERNATIONAL, INC.



Principal Place of Business
200 NYALA FARMS
WESTPORT CT 06880

Mailing Address
200 NYALA FARMS
WESTPORT CT 06880



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 94-3041257

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **BESS, STEPHEN M**
STREET ADDRESS **120 MONTGOMERY STREET, SUITE 1350**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

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

TITLE **CD** ☐ **Delete**
NAME **ENGLE, GARY D**
STREET ADDRESS **200 NYALA FARMS**
CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **VSD** ☐ **Delete**
NAME **COYNE, JAMES A**
STREET ADDRESS **200 NYALA FARMS**
CITY-ST-ZIP **WESTPORT CT 06880-6267**

TITLE **P/S/D** ☒ **Change** ☐ **Addition**
NAME **Coyne, James A.**
STREET ADDRESS **200 Nyala Farms,**
CITY-ST-ZIP **Westport, CT 06880**

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

TITLE ☐ **Change** ☒ **Addition**
NAME **Sr. V/T/Asst. S**
STREET ADDRESS **Richard K Brock**
CITY-ST-ZIP **1889 Sunset Blvd.**
San Diego, CA 92103

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Coyne **SIGNATURE REQUIRED** President 4-4-03 415-445-3204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)