

F03000006288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

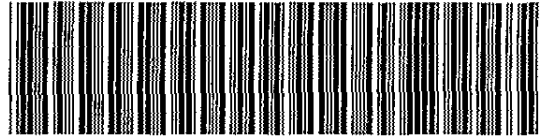
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
03 DEC 18 PM 12:39
DIVISION OF CORPORATION

FILED
03 DEC 18 PM 5:21
TALLAHASSEE, FLORIDA

CT CORPORATION

December 18, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

03 DEC 18 PM 5:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5978536 SO
Customer Reference 1: 01-0041
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Lease Capital Group, Inc. (IL)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

1. Lease Capital Group, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illinois

(State or country under the law of which it is incorporated)

3. 36-4450880 000 0

(FEI number, if applicable)

4. 06/07/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 16604 107th Ct, Orland Park, IL 60467

(Principal office address)

same

(Current mailing address)

8. Commerical Equipment Leasing and other related Commerical Financing activities (In addition, please see attachment number 1)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: c/o C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____

(Registered agent's signature)

Jeffrey R. Graves
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT NUMBER 2

President: ~~XXXXXXXXXX~~ _____

Address: ~~XXXXXXXXXX~~ _____
~~XXXXXXXXXX~~ _____

Vice President: Matthew E. Austin _____

Address: 16604 107th Ct _____

Orland Park , IL 60467 _____

Secretary: John Heaphy _____

Address: 16604 107th Ct Orland Park , IL 60467 _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Daniel G. Pender, Vice President _____

(Typed or printed name and capacity of person signing application)

Florida Attachment 1

Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation and are permitted under the laws of this state.

Attachment to Florida

Officers & Directors

1. Full Name: Daniel G. Pender
Officer/Director: Officer
Officer's Title: CFO/Executive Vice President
Business Address: 16604 107th Ct
City: Orland Park
State: IL
ZIP Code: 60467
2. Full Name: James M. Oberman
Officer/Director: Officer
Officer's Title: President
Business Address: 16604 107th Ct
City: Orland Park
State: IL
ZIP Code: 60467
3. Full Name: Matthew E. Austin
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 16604 107th Ct
City: Orland Park
State: IL
ZIP Code: 60467
4. Full Name: John Heaphy
Officer/Director: Officer
Officer's Title: Secretary
Business Address: 16604 107th Ct
City: Orland Park
State: IL
ZIP Code: 60467
5. Full Name: Rachel E. Ridge
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 16604 107th Ct
City: Orland Park
State: IL
ZIP Code: 60467

Delaware

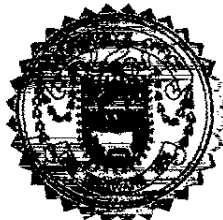
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEASE CAPITAL GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3372944 8300

030820197

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2825083

DATE: 12-18-03