


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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 017 ***450.00



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|---|-------------------------------------|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F92000000583 | | | | | |
| 1. Corporation Name NORTHSTAR EQUIPMENT LEASING INCOME INC. | | | | | |
| Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 US | | | Mailing Address FIRST DATA INVESTOR SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 101 HUDSON STREET | | 12/09/1992 | |
| 22 City & State | | 27 39TH FLOOR | | 4. FEI Number | |
| 23 JERSEY CITY, NJ | | 28 JERSEY CITY, NJ | | 13-3544540 | |
| 24 Zip | | 29 07302 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 30 US | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST TALLAHASSEE FL 32301 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | FL | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | CARTER, JEFFREY | | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | STERNLIEB, ROBERT | | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | | | | |
| CITY-ST-ZIP | NEW YORK NY | | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | | |
| NAME | MARRE, JENNIFER | | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | SILVERMAN, MARC A. | | | | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | | | | |
| CITY-ST-ZIP | NEW YORK NY 10285 | | | | |
| TITLE | AT | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | DUFFY, MALACHY | | | | |
| STREET ADDRESS | LPA 53 STATE ST | | | | |
| CITY-ST-ZIP | BOSTON MA | | | | |
| TITLE | AT | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | CYNTHIA GRIESINGER | | | | |
| STREET ADDRESS | LPA 53 STATE ST | | | | |
| CITY-ST-ZIP | BOSTON MA | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | | MICHAEL T. MARRON | | | |
| 1.3 STREET ADDRESS | | 3 WORLD FINANCIAL CENTER | | | |
| 1.4 CITY-ST-ZIP | | NEW YORK, NY 10285 | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | WILLIAM T. McDERMOTT | | | |
| 2.3 STREET ADDRESS | | 3 WORLD FINANCIAL CENTER | | | |
| 2.4 CITY-ST-ZIP | | NEW YORK, NY 10285 | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | ROCCO F. ANDRIOLA | | | |
| 4.3 STREET ADDRESS | | 3 WORLD FINANCIAL CENTER | | | |
| 4.4 CITY-ST-ZIP | | NEW YORK, NY 10285 | | | |
| 5.1 TITLE | | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | EILEEN M. BANNON | | | |
| 5.3 STREET ADDRESS | | 3 WORLD FINANCIAL CENTER | | | |
| 5.4 CITY-ST-ZIP | | NEW YORK, NY 10285 | | | |
| 6.1 TITLE | | AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.2 NAME | | KATHRYN M. BOPP FLYNN | | | |
| 6.3 STREET ADDRESS | | 101 HUDSON STREET | | | |
| 6.4 CITY-ST-ZIP | | JERSEY CITY, NJ 07302 | | | |

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: Eileen M. Bannon ASSISTANT SECRETARY 04/20/99 (212) 526-2327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)