

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90199 001 ***450.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F92000000583 1. Entity Name ✓ Northstar Equipment Leasing Income Inc.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 3 World Financial Center Suite, Apt. #, etc. 29th Floor City & State New York, NY Zip 10285			3. Mailing Address 101 Hudson Street Suite, Apt. #, etc. 39th Floor City & State Jersey City, NJ Zip 07302		
Country U.S.			Country U.S.		
4. FEI Number 13-3544540			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301			7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP Michael T. Marron <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 World Financial Center		NAME		
STREET ADDRESS	New York, NY 10285		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S Jennifer Marre <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 World Financial Center		NAME		
STREET ADDRESS	New York, NY 10285		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DV Rocco F. Andriola <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 World Financial Center		NAME		
STREET ADDRESS	New York, NY 10285		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	AS Eileen M. Bannon <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3 World Financial Center		NAME		
STREET ADDRESS	New York, NY 10285		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	AT Kathryn M. Bopp-Flynn <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	101 Hudson Street		NAME		
STREET ADDRESS	Jersey City, NJ 07302		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Kathryn M. Bopp-Flynn			Kathryn M. Bopp-Flynn		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

CR2E034 (9/99)