

2001 UNIFORM BUSINESS REPORT (UBR)

0573491

DOCUMENT # F92000000583

1. Entity Name
NORTHSTAR EQUIPMENT LEASING INCOME INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 PM 4:24

Principal Place of Business
3 WORLD FINANCIAL CENTER
29TH FLOOR
NEW YORK NY 10285
US

Mailing Address
101 HUDSON ST
39TH FLOOR
JERSEY CITY FL 07302
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3544540

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARRON, MICHAEL T 3 WORLD FINANCIAL CENTER-29TH FLOOR NEW YORK NY 10285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDERMOTT, WILLIAM T 3 WORLD FINANCIAL CENTER-29TH FLOOR NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRE, JENNIFER 3 WORLD FINANCIAL CENTER-29TH FLOOR NEW YORK NY 10285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIOLA, ROCCO F 3 WORLD FINANCIAL CENTER-29TH FLOOR NEW YORK NY 10285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BANNON, EILEEN 3 WORLD FINANCIAL CENTER NEW YORK NY 10285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FLYNN, KATHRYN B 101 HUDSON ST JERSEY CITY NJ 07302	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCCO F. ANDRIOLA 3 WORLD FINANCIAL CNTR. NEW YORK N.Y. 10285	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC BARRY J. O'BRIEN 101 HUDSON STREET JERSEY CITY, NJ 07302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004417160--1 -06/13/01--01029--005 *****750.00 *****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANT LONIT 3 WORLD FINANCIAL CNTR NEW YORK, N.Y. 10285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 WORLD FINANCIAL CNTR. NEW YORK, N.Y. 10285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 WORLD FINANCIAL CNTR. NEW YORK, N.Y. 10285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature] ASSISTANT CONTROLLER

430-01

(201) 324-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)