2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MENT	# F920000 0	0583					f th f (Wine)				
1. Entity Name NORTHSTAR EQUIPMENT LEASING INCOME INC.							DIVISION	FILED TARY OF STATE OF CORPORATE	i.			
·-		<u> </u>					O L tita.	119 PM 4: 24	UFF (
Principal Place of Business WORLD FINANCIAL CENTER 9TH FLOOR IEW YORK NY 10285 IS			Mailing Address 101 HUDSON ST 39TH FLOOR JERSEY CITY FL 07302 US							11 18188 (111 188)	ı	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e		City & State			4	FEI Number	13-3544540		Applied Fo		
Zip	Zip Country		Zip Co		ountry		5. Certificate of Status Desired \$8.75 Additional Fee Required			Additional		
	6. Name	and Address of Current Re	gistered Agent			7	. Name and A	ddress of New Regist	ered Agent			
THE		Name	vame									
	PRENTICE-F HAYS ST	TALL CORPORATION SYS	51 EW, INC.		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	AHASSE FL	32301	·									
					City				FL Zip (Code	\dashv	
			-		<u>-</u>				rl			
8. The above	named entity	submits this statement for the	he purpose of changing its	registere	ed office or	r registered	agent, or both,	in the State of Florida.				
SIGNÄTURE .							H?	\$150				
SIGNATORE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOT)	E: Registere	d Agent signat	ure required who	n reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable					will be \$5	550.00 Trust Fund Contribution.						
11.		OFFICERS AND DI	<u> </u>	12.			L ADDITIONS/CI	HANGES TO OFFICERS	S AND DIRECT	ORS IN 11	╛.	
TITLE NAME	DP MARRON	MICHAEL T	☑ Delete	TITLI NAM	E E	DP RDCCD	F. ANDRI	DIA	☐ Char	ige 🔲 Add	2E034 (10/00)	
STREET ADDRESS		FINANCIAL CENTER-29T	H FLOOR		CIRCLE ADDRESS 37		OPT. ANDERDIA DRID FINANCIAI CNTR.				34 (
CITY-ST-ZIP	L	K NY 10285			-ST-ZIP	NEWAC	WYDEK N.Y. 10285					
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STREET ADDRESS					EET ADDRESS	IN MINKON STREET						
CITY-ST-ZIP	NEW YORK NY				'-ST-ZIP	JEPSEY	JERSEY CITY, N.J 07302					
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NAME STREET ADDRESS	MARRE, JENNIFER 3 WORLD FINANCIAL CENTER-29TH FLOOR			NAM STRE	EET ADDRESS		-06/13/01010290				1	
CITY-ST-ZIP	NEW YORK NY 10285				'-ST-ZIP		****750.00 ****150					
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NAME	ANDRIOLA, ROCCO F				ie Eet address	ZWORN	DEINANC	IAI CNTR				
STREET ADDRESS CITY-ST-ZIP	3 WORLD FINANCIAL CENTER-29TH FLOOR NEW YORK NY 10285				-ST-ZIP	NEW YO	DRK, NY	10285				
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NAME	BANNON, EILEEN				1E	MORI	IDRID FINANCIAI CNTR.					
STREET ADDRESS	STREET ADDRESS 3 WORLD FINANCIAL CENTER CITY-ST-ZIP NEW YORK NY 10285				EET ADDRESS '-ST-ZIP	MENT	WYORK, N.Y 10285					
TITLE	AT	N 141 10203	Delete	TITL		INCW T	0017, 101		Char		d iv on	
NAME	FLYNN, KA	ATHRYN B		NAM			. C . C . A ! A !	NOIAL ONTE.	/	10/2 L	カー	
STREET ADDRESS	STREET ADDRESS 101 HUDSON ST					BMOR	NOW TINA	NCIAICNTR.	ď	2 ~ 1	\	
CITY-ST-ZIP JERSEY CITY NJ 07302 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have								Florida Statutes I furth	er cortifu that	he informatic	on	
 13. I hereby of indicated 	certify that the I on this repoi	e intormation supplied with thit or supplemental report is tr	his filing does not quality for rue and accurate and that i	ıı ine exe my signa	ampuon sta Iture shall h	ned in Section ave the sar	ਗਾ ਜਾਂਚ.07(ਤ)(।), ne legal effect :	as if made under oath;	that I am an of	ficer or direc	tor	

3. 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:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT CONTROLER

430-01 Date 259-2855

Daytime Phone #