

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003813

1. Entity Name

LEASE PLUS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90251 010 \*\*\*150.00

Principal Place of Business

Mailing Address

SOUTH HART RD  
IL 60010

DEPT 8109  
260 LONG RIDGE RD.  
STAMFORD CT 06927-1600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3897576

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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) ☐

**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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPT  
NAME HYDE, JEFFREY L  
STREET ADDRESS 260 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

☐ Delete

TITLE  
NAME  
STREET ADDRESS 260 LONG RIDGE ROAD  
CITY-ST-ZIP STAMFORD, CT 06927-9622

☐ Change ☐ Addition

TITLE VD  
NAME OSTRANDER, MELVIN D  
STREET ADDRESS 1507 LAKE SHORE DRIVE  
CITY-ST-ZIP SOUTH BARRINGTON IL 60010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME MORGENTHAUER, RICHARD A  
STREET ADDRESS 602 FARGO BLVD.  
CITY-ST-ZIP GENEVA IL 60134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME HORTON, JEANNE M  
STREET ADDRESS 8 DANADA DRIVE  
CITY-ST-ZIP WHEATON IL 60187

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME WERNER, JEFFREY S  
STREET ADDRESS 146 FOREST STREET  
CITY-ST-ZIP STAMFORD CT 06902

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ASD  
NAME AMBLE, DAVID G  
STREET ADDRESS 2100 POST ROAD  
CITY-ST-ZIP DARIEN CT 06820

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)