

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004468

1. Entity Name

COMPASS EQUIPMENT LEASING, INC.

Principal Place of Business

Mailing Address

708 BLAIR MILL ROAD
WILLOW GROVE PA 19090

708 BLAIR MILL ROAD
WILLOW GROVE PA 19090

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 51-0343491

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, 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 PD
NAME ASPLUNDH, CHRISTOPHER B
STREET ADDRESS 3700 BUCK ROAD
CITY-ST-ZIP HUNTINGDON VALLEY PA 19006 ☐ Delete

TITLE VICE PRESIDENT
NAME ☒ Change ☐ Addition

TITLE STD
NAME DWYER, JOSEPH P
STREET ADDRESS 419 SHOEMAKER WAY
CITY-ST-ZIP LANSDALE PA 19446 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE PRESIDENT
NAME BRENT D ASPLUNDH
STREET ADDRESS 1356 MEADOWBROOK RD
CITY-ST-ZIP RYDAL PA 19046 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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

SECRETARY - TREASURER

01/09/01

Daytime Phone #

CR2E034 (10/00)

043499

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

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