

2002 UNIFORM BUSINESS REPORT (UBR)

0573546 AT

DOCUMENT # F93000005367

1. Entity Name
EQUIPMENT CREDIT SERVICES, INC.

FILED

02 MAY -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

650 CIT DR
LIVINGSTON NJ 07039
US

Mailing Address

650 CIT DR
LIVINGSTON NJ 07039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3732376

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS MERRITT, ROBERT J
CITY-ST-ZIP 650 CIT DR
LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300005538709--7
CITY-ST-ZIP -05/16/02--01004--011
*****150.00 *****150.00

TITLE ☐ Delete
NAME VSD
STREET ADDRESS HARMS, DONALD
CITY-ST-ZIP 650 CIT DR
LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SVD
STREET ADDRESS FALL, JOHN A
CITY-ST-ZIP 650 CIT DR
LIVINGSTON NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS O'MARA, WILLIAM
CITY-ST-ZIP 650 CIT DRIVE
LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LEONE, JOSEPH
CITY-ST-ZIP 650 CIT DR
LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS BURR, JOHN D
CITY-ST-ZIP 650 CIT DRIVE
LIVINGSTON NJ 07039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Scott Stevenson
Vice President/Asst. Treasurer

4/30/02

Date Daytime Phone #

CR2E034 (9/01)