

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90057 038 \*\*\*150.00

DOCUMENT # F95000002514

1. Corporation Name

UNIONBANCAL LEASING CORPORATION



Principal Place of Business

~~550 S HOPE ST~~ ~~THIRD FLOOR~~  
~~LOS ANGELES CA 90071~~  
US

Mailing Address

125 SUMMER STREET  
PO BOX 2332  
BOSTON MA 02107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1995

4. FEI Number

95-2760437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 445 S. Figueroa St.

22 16th Floor

23 City & State  
Los Angeles, CA

24 Zip 90071 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PHILIP B FLYNN  
STREET ADDRESS 445 S FIGUEROA ST  
CITY-ST-ZIP LOS ANGELES CA 90071

TITLE ☐ DELETE

NAME CLARKE, ROBERT S  
STREET ADDRESS 1412 N. SYCAMORE AVE.  
CITY-ST-ZIP FULLERSTON CA

TITLE ☒ DELETE

NAME HIROSHIMA, TERA FUMI  
STREET ADDRESS 1500 LAKEVIEW DR.  
CITY-ST-ZIP HILLSBOROUGH CA 95010

TITLE ☐ DELETE

NAME LANCE B MARKOWITZ  
STREET ADDRESS 550 S HOPE ST  
CITY-ST-ZIP LOS ANGELES CA 90071

TITLE ☐ DELETE

NAME LINH NGUYEN  
STREET ADDRESS 550 S HOPE ST  
CITY-ST-ZIP LOS ANGELES CA 90071

TITLE ☐ DELETE

NAME FRIEDMAN, KRISTIN  
STREET ADDRESS 1516 WICKET CT  
CITY-ST-ZIP CONCORD CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 (11/98)