

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90055 048 \*\*\*150.00

05/18/02 AT

**DOCUMENT # F95000002514**

1. Entity Name

**UNIONBANCAL LEASING CORPORATION**

Principal Place of Business

**445 S FIGUEROA ST  
 16TH FLOOR  
 LOS ANGELES CA 90071  
 US**

Mailing Address

**125 SUMMER STREET  
 BOSTON MA 02107**

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

**95-2760437**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILIP B FLYNN</b> <b>445 S FIGUEROA ST</b> <b>LOS ANGELES CA 90071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, ROBERT S</b> <b>1412 N. SYCAMORE AVE.</b> <b>FULLERSTON CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATSON, DAVID I</b> <b>400 CALIFORNIA ST, 18TH FLOOR</b> <b>SAN FRANCISCO CA 94104</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LANCE B MARKOWITZ</b> <b>550 S HOPE ST</b> <b>LOS ANGELES CA 90071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LINH NGUYEN</b> <b>550 S HOPE ST</b> <b>LOS ANGELES CA 90071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>FRIEDMAN, KRISTIN</b> <b>1516 WICKET CT</b> <b>CONCORD CA</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/PRESIDENT</b> <b>LANCE B. MARKOWITZ</b> <b>445 S. FIGUEROA ST. 16th Floor</b> <b>LOS ANGELES, CA 90071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>DAVID A. ANDERSON</b> <b>445 S. FIGUEROA ST., 16TH FLOOR</b> <b>LOS ANGELES, CA 90071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MELISA WILSON</b> <b>445 S. FIGUEROA ST., 16TH FLOOR</b> <b>LOS ANGELES, CA 90071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**3/6/02** **213 236 6439**  
 Date Daytime Phone #

CR2E034 (9/01)

UNIONBANCAL LEASING CORPORATION

AS OF 5/30/01 BOARD MEETING

*Attachments 932503*

<u>OFFICERS/TITLE</u>	<u>NAME AND BUSINESS ADDRESS</u>
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President	Lance B. Markowitz 445 S. Figueroa Street, 16th Flr. Los Angeles, CA 90071 <i>#195000002514</i>
Chief Financial Officer	David A. Anderson 400 California Street, 13th Flr. San Francisco, CA 94104
Vice President/Asst. Treasurer	Kristin Friedman 400 California Street, 13th Flr. San Francisco, CA 94104
Vice President/Asst. Treasurer	Linh Nguyen 445 S. Figueroa Street, 16th Flr. Los Angeles, CA 90071
Vice President	Hiroshi Shibata 400 California Street, 17th Flr. San Francisco, CA 94104
Vice President	Barbara Kosnar 400 California Street, 13th Flr. San Francisco, CA 94104
Vice President	James F. Nese 445 S. Figueroa Street, 16th Flr. Los Angeles, CA 90071
Vice President	Melisa Wilson 445 S. Figueroa Street, 16th Flr. Los Angeles, CA 90071
Secretary	Joni LeSage 445 S. Figueroa Street, 16th Flr. Los Angeles, CA 90071
Assistant Secretary	William A. Moore, Jr. 445 S. Figueroa Street, 12th Flr. Los Angeles, CA 90071
Assistant Secretary	Catherine Hibbeln 400 California Street San Francisco, CA 94104