

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90098 036 ***150.00

C I I I I I



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000002685

1. Entity Name

MICROTECH LEASING CORPORATION OF NEW JERSEY

Principal Place of Business

Mailing Address

COLLEGE ROAD EAST
PRINCETON NJ 08540211 COLLEGE ROAD EAST
PRINCETON NJ 08540-6623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2802596

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

Name

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

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	TUCHMAN, MARTIN	633 PROSPECT AV.	PRINCETON NJ	<input type="checkbox"/>
PD	OLINGER, ALLEN M	16 MORRIS DRIVE	PRINCETON NJ 08540	<input type="checkbox"/>
VS	SPRY, DEBORAH J	16 MORRIS DRIVE	PRINCETON NJ 08540	<input type="checkbox"/>
TD	WITTEVEEN, RAOUL J	368 DANIELS LANE	SAGAPONACK NY	<input type="checkbox"/>
AS	FRANCIS, KATHLEEN C	360 NASSAU STREET	PRINCETON NJ	<input type="checkbox"/>
D	SERENBETZ, WARREN L	695 WEST STREET	HARRISON NY	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah J. Spry* **DEBORAH J. SPRY** 2/23/00 609-987-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)