

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001317

1. Entity Name

LEASING TECHNOLOGIES INTERNATIONAL, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 026 ***150.00

Principal Place of Business Mailing Address
221 DANBURY RD 221 DANBURY ROAD
WILTON CT 06897 WILTON CT 06897-4007
US US

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 06-1100008

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SPROLE, F J	
STREET ADDRESS	221 DANBURY RD	
CITY - ST - ZIP	WILTON CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, GEORGE A	
STREET ADDRESS	221 DANBURY ROAD	
CITY - ST - ZIP	WILTON CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOEGLER, ARNOLD J	
STREET ADDRESS	221 DANBURY ROAD	
CITY - ST - ZIP	WILTON CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAUM, HUGH M	
STREET ADDRESS	221 DANBURY ROAD	
CITY - ST - ZIP	WILTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, CORNELIUS T	
STREET ADDRESS	315 POST ROAD WEST	
CITY - ST - ZIP	STAMFORD CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (203) 563-1100

Date

Daytime Phone #

Arnold J. Hoegler - Executive VP